

# VOLUNTARY WITHHOLDING AGREEMENT

## EMPLOYEE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

## EMPLOYER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, hereby request that \_\_\_\_\_  
(Employee Name) (Employer

\_\_\_\_\_ withhold \$ \_\_\_\_\_ Federal and/or  
Name)

\$ \_\_\_\_\_ Wisconsin for income tax purposes each payroll period.

This agreement shall terminate as of \_\_\_\_\_ (leave blank if no termination  
date desired).

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

### EMPLOYER:

This agreement must be attached to the above employee's Form W-4 and constitutes a part of that Form W-4 per IRS Reg. — § 31.3402(p)-(1)(b)(ii). A separate Wisconsin Form W4-T should be prepared for Wisconsin purposes.