



**Employee Tax Jurisdiction Setup Sheet**

Jobsite Employer: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Last four of Social Security Number: XXX-XX- \_\_\_\_\_

**Residence Information**

*(where you live)*

**Worksite Information**

*(where you work)*

City/Township/Borough/Parish \_\_\_\_\_

\_\_\_\_\_

County \_\_\_\_\_

\_\_\_\_\_

School District \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_

\_\_\_\_\_

Zip Code \_\_\_\_\_

\_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

Date: \_\_\_\_\_

**If you have any questions about this form, please call (850) 476-5100 or \*(800) 888-0472 and ask for Document Management.**