State of Kansas
Department of Administration
Division of Accounts and Reports
DA-186 (Rev. 05-06)

AUTHORIZATION FOR STATE OF KANSAS ADDITIONAL WITHHOLDING TAX DEDUCTION

(Please print or type all information)

EMPLOYEE INFORMATION

DEPARTMENT ID	EMPLOYEE ID	NAME

SECTION A: AUTHORIZATION

EFFECTIVE DATE	
STATE ADDITIONAL WITHHOLDING TAX AMOUNT*	

* Amount must be whole dollar.

I hereby authorize the Director of Account and Reports to make regular payroll deductions from my earnings for the amount certified above. This authorization is to remain in effect until cancelled by me in writing or termination of my employment.

EMPLOYEE SIGNATURE DATE

SECTION B: CANCELLATION

EFFECTIVE DATE	

I hereby cancel the authorization for State additional withholding tax deductions from my earnings.

EMPLOYEE SIGNATURE DATE