LOCAL INCOME TAX FORM

HOST AGENCY NAME: 

SITE ADDRESS: 

CITY, STATE, ZIP: 

Please provide the local income tax district for EACH of your Agency Assignment-SITE location(s). Complete one of these forms for each training site location for your Host Agency. This information ensures that the proper taxes are taken out of the Participant's pay.

<table>
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<th>Name [and # if you know it] of your Local Income Tax District</th>
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Please write the Name [and # if you know it] of your Local Income Tax District (or write Non-taxable Area, if applicable) in the above box. (PLEASE NOTE: Just because you have Tax-Exempt Status does NOT mean you are located in a Non-taxable Area.)

NOTE: IF YOU ARE A NEW HOST AGENCY OR YOUR LOCAL INCOME TAX DISTRICT HAS CHANGED SINCE LAST AGREEMENT YEAR, PLEASE COMPLETE THIS FORM.