NDSU | HUMAN RESOURCES/PAYROLL
DIVISION OF FINANCE AND ADMINISTRATION

# State of North Dakota
# Withholding Tax Change Form

Questions about this form? Please call 701-231-8961

Last Name _____ First Name _____ Middle Initial _____

Employee ID _____ Social Security Number _____ Daytime Phone Number _____ Email Address _____

Effective Date* _____

**Please note:*
*Depending on when the form is received, the change may not be in effect for the next payday.*

☐ Change my state withholding to North Dakota

☐ Change my filing status to ☐ Single ☐ Married ☐ Head of Household

☐ Additional North Dakota withholding per paycheck _____
Additional amount to be withheld from each paycheck

*This request replaces and cancels all previous requests on file.*

Employee Signature _____ Date _____

Date Entered: _____

Entered By: _____

Effective PPE: _____

**Please print this form.**

**Send this form to :**
Payroll
Dept 3140 PO Box 6050
Fargo ND 58108-6050

Phone (701) 231-8961
Fax (701) 231-9686