

## Withholding Certificate - Aurora Occupational Privilege Tax

This form is furnished to, and is to be completed by the principal Aurora employer upon request by an employee.

**COMPLETE SECTIONS A and B** if you have an employee who has a secondary Aurora employer from whom they receive \$250 or more per month. A copy of this form, completed by the primary employer, must be delivered to the secondary employer in order to excuse the secondary employer from collecting the OPT tax. The secondary Aurora employer must retain the withholding certificate for a three-year period.

**COMPLETE SECTIONS A and C** if you have an employee who is leaving your employ and ALL THE FOLLOWING CONDITIONS EXIST:

- 1. The employee's termination date is other than the end of a calendar month;
- 2. You have withheld the tax for such month and;
- 3. The employee anticipates receiving more than \$250 during such month from their next employer.

## **SECTION A**

I certify that			
I certify that	Last Name	Middle Initial	First Name
is an employee of			
		Company Name and Address	3
We are his principal Aurora	employer and (Comp	olete B or C below)	
SECTION B			
We will withhold the control of the			beginning with the month of our employ.
SECTION C			
We have withheld	the Aurora Occupational	Privilege Tax for the mo	onth
of	, 2		
Authorized Sign of Principal Aurora E			Date