

**MONTGOMERY COUNTY  
AUTO ALLOWANCE  
TAX DETERMINATION**

**EMPLOYEE NAME** \_\_\_\_\_ **EMP #** \_\_\_\_\_

REF: **AUTO ALLOWANCE TAX DETERMINATION**

I **DO** \_\_\_\_\_ **DO NOT** \_\_\_\_\_ WISH MY AUTO ALLOWANCE TO BE TAXED.

I UNDERSTAND AT THE END OF THE YEAR MY AUTO ALLOWANCE WILL BE COUNTED AS WAGES ACCORDING TO IRS RULES.

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

\_\_\_\_\_  
**DATE**