



RICHLAND COUNTY  
POST TAX FORM

Department Name: \_\_\_\_\_  
Employee Number: \_\_\_\_\_  
Employee Name: \_\_\_\_\_

EMPLOYEE

ADDRESS: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

All Health, Dental and Vision deductions will be on a pre-tax basis, unless the Post Tax box is checked.

If choosing post tax, you must check the box below, sign and date this form.

POST TAX

SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_