**USE MICHIGAN STATE UNIVERSITY LETTERHEAD**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income Tax Department

RE: Employee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Income Tax Representative:

The above named employee has indicated to us his/her days worked in and out of the City ­­­of \_\_\_\_\_\_\_\_\_are as follows:

Total Working Days for the Year: \_\_\_\_\_\_\_\_\_\_\_

Sick, Vacation & Holidays for the Year: \_\_\_\_\_\_\_\_\_\_\_

Days Worked within East Lansing: \_\_\_\_\_\_\_\_\_\_\_\_

Total Wages per Box 1 of the **20XX** W2: \_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name (printed) ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_