

WEBSTER UNIVERSITY  
PAYROLL OFFICE

Please check one of the following:

\_\_\_\_\_ Yes, I am a resident of the city of St. Louis, MO

\_\_\_\_\_ No, I am not a resident of city of St. Louis, MO

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

SSN#: \_\_\_\_\_

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