



Physician Resources, Inc.

1818 Memorial Drive, Suite 200 • Houston, TX 77007
713-522-5355 • 1-800-522-7707 • Fax: 713-522-0744

INCOME TAX WITHHOLDING AUTHORIZATION

If you are interested in PRI's optional Income Tax Withholding Services, please print, complete and return this form via fax: 713-522-0744; email: prihouston@physicianresources.com, or mail to: PRI Physician Resources, Inc., 1818 Memorial Drive #200, Houston, Texas 77007.

I, _____, authorize PRI Physician Resources, Inc.
(PLEASE PRINT: FIRST, MIDDLE, LAST NAME)

to deduct _____ % percentage from every paycheck for Income Tax Withholding. I understand the percentage deducted will be deposited to the Internal Revenue Service on my behalf.

Signature

Date

Social Security Number

Date of Birth