

**DEDUCTION OF CITY/MUNICIPALITY INCOME TAX**

In accordance with the city of \_\_\_\_\_ Income Tax, I hereby authorize the Treasurer to deduct this city tax from my payroll check. This deduction will remain in effect until written notice is given by the employee to the Treasurers office to terminate such tax. The applicable tax rate for the above mentioned city is \_\_\_\_\_.

The employee will be responsible for the acquisition of the applicable tax rate and the forms deemed necessary to affect this deduction. Such forms will be forwarded to the Treasurer before the first deduction is made.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

Resident: \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Address

Assigned within  
Municipality: \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
City, State, Zip

**PUBLIC SCHOOL DISTRICT OF RESIDENCE EMPLOYEE WITHHOLDING  
CERTIFICATE**

We are required by Ohio law (Ohio Revised Code Section 5747.06(E)) to ask all employees for their public school district of residence.

Please fill out, sign & date this form. Your exemptions are the same for school district withholding as they are for state income tax withholding purposes.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Public School District of Residence: \_\_\_\_\_

Public School District #: \_\_\_\_\_ County: \_\_\_\_\_

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

Phone #: \_\_\_\_\_