

PUBLIC SCHOOL DISTRICT OF RESIDENCE EMPLOYEE WITHHOLDING CERTIFICATE

We are required by Ohio Law [Ohio Revised Code Section 5747.06(E)] to request of all employees the public school district in which they reside.

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

Return the completed document to your payroll clerk.

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

COUNTY OF RESIDENCE: _____ CITY: _____ ZIP CODE: _____

PUBLIC SCHOOL DISTRICT OF RESIDENCE: _____ #: _____

Signature of Employee

Date