

PUBLIC SCHOOL DISTRICT OF RESIDENCE EMPLOYEE WITHHOLDING CERTIFICATE

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

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

Return the completed document to your Payroll Department.

NAME _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

PUBLIC SCHOOL DISTRICT NUMBER _____

Signature of Employee

Date

PUBLIC SCHOOL DISTRICT OF RESIDENCE EMPLOYEE WITHHOLDING CERTIFICATE

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

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

Return the completed document to your Payroll Department.

NAME _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

PUBLIC SCHOOL DISTRICT NUMBER _____

Signature of Employee

Date