Municipal Income Tax Withholding Form

Employee Information and Withholding Authorization

GENERAL INSTRUCTIONS:

- *Complete this form and return to your agency Payroll department.*
- *An updated form must be provided to your agency Payroll department whenever there's a change to any of the information you provide below.*

Name:_____ SOUID:_____ Effective Date:_____

Home Address

☐ **Check here to indicate your Home Address is your Primary Work Location***

Street:_____

City:_____ State:_____ Zip Code:_____ County:_____

School District:_____

Municipal (City) Limits of Residence:_____
(If you do not reside any city limits, please write N/A)

Home Phone:_____ Work Phone:_____ Cell:_____

Employment Address

Street:_____

City:_____ State:_____ Zip Code:_____ County:_____

By signing below:

I acknowledge that the State of Ohio is required to withhold municipal income taxes according to Ohio law; and
I authorize the State to withhold such taxes from my wages.

_____ _____
Employee Signature Date

**Primary Work Location means the location at which an employee physically spends the greatest number of days in a calendar year performing services for or on behalf of the appointing authority. For example, an employee with a hybrid telework arrangement who works 60% of her/his time at Location A and 40% at location B would have a primary work location of Location A.*