

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

We are required by Ohio Law (Ohio Revised Code Section 547.06 (E) 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 the Treasurer's office in the Board Office.

Name: _____ Social Security#: _____

Home Address: _____
(Street name & number) (City) (State) (Zip)

Public School District of Residence: _____

Public School District Number (if known): _____

Country of Residence: _____

Signature of Employee

Date