

**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, 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 Superintendent's office.

NAME _____ SOC. SEC. # _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

PUBLIC SCHOOL DISTRICT NUMBER _____

(SIGNATURE OF EMPLOYEE) (DATE)