

**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.*