

# Municipal Income Tax Withholding Form

## Employee Information and Withholding Authorization

### GENERAL INSTRUCTIONS

- Complete this form and return to [ood.hrbenefits@ood.ohio.gov](mailto:ood.hrbenefits@ood.ohio.gov).
- An updated form must be submitted whenever there's a change to any of the information you provide below.

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ 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 in any city limits, please write N/A.)*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Employment Address *(List your Headquarter address.)*

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

### Second Employment Address *(List your second work location, if any.)*

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

*(If there are more than two locations that you would work the majority of your day, for more than 20 days, please list them on the email to [ood.hrbenefits@ood.ohio.gov](mailto:ood.hrbenefits@ood.ohio.gov).)*

### **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.*