



City Tax Liability

Name

Social Security Number

Street

City/State/Zip

In accordance to Amended Substitute House Bill No. 108, I hereby authorize the Educational Service Center of Central Ohio to deduct the following city income tax from my earnings:

1. I am liable for _____ tax because I **WORK** there.
(City)

You may also be responsible for paying an additional city tax based on where you live.

2. I am liable for _____ tax because I **LIVE** there.
(City)

It will be my responsibility to file a city tax form accounting for the time I spend in different sections of the city.

It will also be my responsibility to advise my employer of any change in my address or work location that would alter the above.

Signature

Date

For fiscal use only:
City code _____ Rate _____

City code _____ Rate _____