

**SCHOOL DISTRICT INCOME TAX**

Employee Name: \_\_\_\_\_ Soc. Security No.: \_\_\_\_\_

School District of Residence: \_\_\_\_\_ School District No.: \_\_\_\_\_

Additional withholding per pay period under agreement with employer: \$ \_\_\_\_\_

**Fairfield County (740-653-3193)**

Amanda Clearcreek Local	2301
Berne Union Local	2302
Bloom Carroll Local	2303
Fairfield Union	2304
Lancaster City	2305
Liberty Union-Thurston Local	2306
Pickerington Local	2307
Walnut Township Local	2308

**Franklin County (614-455-3750)**

Bexley City	2501
Canal Winchester Local	2502
Columbus City	2503
Dublin Local	2513
Gahanna-Jefferson City	2506
Grandview Heights City	2507
Groveport-Madison Local	2507
Hamilton Local	2505
Hilliard City	2510
Plain Local	2508
Reynoldsburg City	2509
Southwestern City	2511
Upper Arlington City	2512
Westerville City	2514
Whitehall City	2515
Worthington City	2516

**Licking County (740-349-6000)**

Granville Exempted Village	4501
Heath City.	4502
Johnstown Monroe Local	4503
Lakewood Local	4504
Licking Heights Local	4505
Licking Valley Local	4506
Newark City	4507
North Fork Local	4508
Northridge Local	4509
Southwest Licking Local	4510

**Perry County (740-342-3502)**

Crooksville Exempted Village	6401
New Lexington City	6402
Northern Local	6403
Southern Local	6404

If your county of residence or school district is not listed, please obtain your school district ID number from the State Department of Taxation and/or County Court House.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CITY INCOME TAX**

Employee Name: \_\_\_\_\_

For City tax purposes, please check below the municipality in which you reside:

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Baltimore                     | <input type="checkbox"/> Groveport | <input type="checkbox"/> Pickerington    |
| <input type="checkbox"/> Bexley                        | <input type="checkbox"/> Heath     | <input type="checkbox"/> Reynoldsburg    |
| <input type="checkbox"/> Brice                         | <input type="checkbox"/> Johnstown | <input type="checkbox"/> Sunbury         |
| <input type="checkbox"/> Canal Winchester              | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Upper Arlington |
| <input type="checkbox"/> Columbus                      | <input type="checkbox"/> Newark    | <input type="checkbox"/> Westerville     |
| <input type="checkbox"/> Gahanna                       | <input type="checkbox"/> Pataskala | <input type="checkbox"/> Whitehall       |
| <input type="checkbox"/> Granville                     |                                    |  |
| <input type="checkbox"/> Other – please specify: _____ |                                    | <input type="checkbox"/> Does not apply  |

Employee Signature: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date: \_\_\_\_\_