

**PUBLIC SCHOOL DISTRICT OF RESIDENCE
EMPLOYEE WITHHOLDING CERTIFICATE**

We are required by 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.

Name: _____ **SS#:** _____

Address: _____

Public School District of Residence: _____

Public School District number (see instruction booklet for individual income tax return

Form IT1040 or use the link below): _____

https://www.freetaxusa.com/FreeTaxUSA/formdownload?form=oh_sd_list.pdf

Signature

Date