

CITY/SCHOOL/STATE FORM

Date _____

Social Security Number (SSN):

Grid for Social Security Number (SSN) with 9 boxes.

Male:

Box for Male gender selection.

Female:

Box for Female gender selection.

First Name:

Grid for First Name with 12 boxes.

Initial

Box for Initial.

Last Name:

Grid for Last Name with 18 boxes.

Address:

Grid for Address with 18 boxes.

City:

Grid for City with 12 boxes.

State:

Grid for State with 2 boxes.

Zip Code (5 Digit):

Grid for Zip Code (5 Digit) with 5 boxes.

Date of Birth:

Grid for Date of Birth with 6 boxes.

County:

Grid for County with 12 boxes.

Phone Number:

Grid for Phone Number with 10 boxes.

City Income/School District Tax

Please note that Obetz Income Tax is withheld on everyone working at Hamilton Local Schools. (Your city may allow credit for the tax you pay to Obetz.)

_____ I addition to Obetz taxes, please withhold taxes for the City of _____

_____ I live in _____ School District and they have a school tax of _____%.

_____ Please cancel withholding for city of _____

Signature

State of Ohio Tax Form

Print Full Name _____ (If not listed above)

Home address & zip code _____ (If not listed above)

Public school district of residence _____ School district # _____

1. Personal exemption for yourself, enter "1" if claimed _____
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) _____
3. Exemptions for dependents _____
4. Add the exemptions that you have claimed above and enter total _____
5. Additional withholding per pay period under agreement with employer _____

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____

Date _____