

EMPLOYEE ADDRESS CHANGE

This form will update your address for payroll and insurance purposes. You are responsible to report your address change directly to OPERS. Return this completed form to your payroll officer.

Type or print your full name _____

New address _____

City, state, zip _____

Social security number _____

Department Name _____

WITHHOLDING VERIFICATION

● BOWLING GREEN CITY INCOME TAX

Do you work within the City of Bowling Green? ☐ Yes ☐ No

Do you live within the City of Bowling Green? ☐ Yes ☐ No

If the answer to either question is "yes", Bowling Green city tax will be withheld from your wages; if "no" to both questions, Bowling Green city tax will not be withheld.

● OPTIONAL WITHHOLDING FOR RESIDENCE CITY TAX (Wood County Villages/Cities Only)

I live in Wood County and wish to have my local residence tax withheld for the following city/village:

● SCHOOL DISTRICT INCOME TAX

Pursuant to sections 5747.08 of the Ohio Revised code, all employers are required to withhold and remit School District Income Tax from employees who RESIDE in a school district which has a school district income tax in effect.

Do you reside in a school district which has passed a School District Income Tax?

☐ No ☐ Yes, School District Name _____

School District Number _____

Employee Signature

Date

Return original form to the Auditor's Office

Copy Insurance Group Rep to include with monthly insurance report

Retain a copy for employee personnel file