



educational service center
of Central Ohio Serving Delaware, Franklin & Union Counties

Address Change

Remember to notify the following agencies:

1. Your retirement system
 - a) State Teachers Retirement System
614.227.4090 in Columbus area
888.227.7877 toll-free
www.strsoh.org

OR:
 - b) School Employees Retirement System
614.222.5853 in Columbus area
866.280.7377 toll-free
www.ohsers.org
2. Your insurance carriers (if applicable)
 - a) Polaris Benefit Administrators (health and dental)
614.901.2415, ext. 403 in Columbus area
800.234.0225, ext. 403 toll-free
 - b) Ameritas (vision)
800.487.5553

Remember to complete the following forms:

1. City Tax Withholding Form
2. School District Form
3. Emergency Notification form
4. Employee Change Form

Return these forms to Payroll upon completion.



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 _____



Public School District of Residence

We are required by Ohio law (Ohio Revised Code Section 5747.06E) to ask all employees for their public school district of residence. This provides us with the necessary information to withhold the school income tax. It also helps us prepare for income taxes that may be added for other school districts in the future.

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.

Return the completed document to the Payroll Department.

Public School District of Residence Employee Withholding Certificate

Name _____

Social Security Number _____

Street Address _____

City/State _____ Zip Code _____

Public School District of Residence _____

District Number _____ County _____

It will be my responsibility to advise my employer of any change that would alter the above.

Signature of Employee

Date