

# Municipality Tax Form



## Wood County Educational Service Center

1867 N. Research Drive, Bowling Green, OH 43402

Phone: 419.354.9010 Fax: 419.354.1146

[www.wcesc.org](http://www.wcesc.org)

### This form **MUST** be completed by all employees

If you do NOT **work** in a municipality that has a tax, simply write NONE on the appropriate line.

If you do NOT **live** in a municipality that has a tax, simply write NONE on the appropriate line.

I hereby authorize the WCESC to deduct the following municipal tax(s) from my earnings

- 1) I am liable for \_\_\_\_\_ tax because I **WORK** in the  
\_\_\_\_\_ school building **100%** of my schedule.  
*(List **specific** building)*

#### For those with multiple work locations:

- 1a) I am liable for \_\_\_\_\_ tax because I **WORK** \_\_\_\_\_% of my schedule  
at the \_\_\_\_\_ school building. *(List **specific** building)*
- 1b) I am liable for \_\_\_\_\_ tax because I **WORK** \_\_\_\_\_% of my schedule  
at the \_\_\_\_\_ school building. *(List **specific** building)*
- 1c) I am liable for \_\_\_\_\_ tax because I **WORK** \_\_\_\_\_% of my schedule  
at the \_\_\_\_\_ school building. *(List **specific** building)*

- 2) I am liable for \_\_\_\_\_ tax because I **LIVE** there.

**Substitutes - Only complete Item 2.** The payroll department will withhold taxes for your work location based on your submitted time slips each pay.

**I understand that it is my responsibility to notify the Payroll Department of any changes in my work or residence location that would alter the above.**

\_\_\_\_\_  
Printed Employee Name

\_\_\_\_\_  
Date

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