



3505 W. Lincolnshire Blvd., Toledo, OH 43606

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**SCHOOL DISTRICT INCOME TAX**

***Please review the School District Tax lists regarding the enactment of School District Income Tax and complete this form as follows:***

- a) If you reside in one of the districts requiring the withholding of this tax, **complete the bottom portion of this sheet.**
  
- b) If **not** residing in one of the affected districts, complete the top portion of this form.

\_\_\_\_\_ School District

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

**School District Code:** \_\_\_\_\_

\_\_\_\_\_ Date

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**I authorize the deduction of School District Income Tax from my wages as enacted by the voters.**

\_\_\_\_\_ School District

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

**School District Code:** \_\_\_\_\_

\_\_\_\_\_ Date

**“Equal Opportunity Employer”**