

Use [https://thefinder.tax.ohio.gov/StreamlineSalesTaxWeb/default\\_taxdistrictsummary.aspx](https://thefinder.tax.ohio.gov/StreamlineSalesTaxWeb/default_taxdistrictsummary.aspx) to look up your Tax District Summary

**NEW HIRES/Change of Address Requests: Complete this entire section**

As an employee of the Bloom-Carroll Local School District, you are liable for Carroll city taxes because you work within the city limits of Carroll. This is required for all employees (including ALL substitutes and coaches/advisors).

Exception: Bloom-Carroll Elementary *contracted* staff are not liable for the employer city tax since the elementary building is outside of the Carroll city limits.

We are required by Ohio Law to ask all employees for their public school district of *residence*. This provides us with the necessary information to withhold the required school district income tax.

Employee Name

Employee Home Address (list this information even if listing a PO Box for mailing purposes)

PO Box / Apt. No. (if applicable)

City, State, ZIP Code

County

Employee Residence Public School District

For Contracted Employees (*not substitutes*), please check the box of the building you are assigned to work:

District Office

High School

Middle School

Elementary School

Transportation

Maintenance/Custodial

**Residential Income Tax Withholding:**

Residence, or courtesy withholding, is a tax paid to an employee's resident municipality for work performed outside of that municipality. Residence tax is withheld in addition to the workplace withholding tax. As a courtesy, I request that Bloom-Carroll Local School District withhold city tax for the municipality listed below. If you do not reside within any city limits, or choose not to have this withheld from your pay, please make the appropriate selection below:

As a courtesy, please withhold municipality taxes for: \_\_\_\_\_

OR

I do not live within a city limit or prefer to not have this tax withheld from my pay (you will still be liable for this tax if applicable)

Employee Signature

Date

**Name Change Requests (complete this section if you are only requesting a name change)**

Former Name: \_\_\_\_\_

Name Change: \_\_\_\_\_

For name changes, a photocopy of your **NEW** Social Security card must be provided with this form before it can be changed in the payroll system. Once this information is received, the Payroll department will inform the Superintendent's Office, the Technology department, your supervisor (and building secretary), and the Accounts Payable department, if necessary. The Payroll department will also update our insurance provider, if applicable.

The **EMPLOYEE** is responsible for updating their new name to the following entities if it applies:

State Teachers Retirement System of Ohio (STRS) 888-535-4050  
 School Employees Retirement System of Ohio (SERS) 800-878-5853  
 American Fidelity (if you have any of their products) 800-662-1113  
 Any 403b/457 plans (if you have any of their products)

**Payroll Department Only**

<b>Notify:</b>	Technology	A/P	Superintendent	Supervisor/Bldg Secretary	Insurance	Treasurer (Name Only)
<b>Update:</b>	USPS Address of Record		USPS City Tax	USPS SDIT	Insurance	Absence Management