

**Bloom-Carroll Local School District
Change of Address
and/or
City and School District of Residence**

_____ Principal

_____ Superintendent

_____ Treasurer

City Tax Liability

I authorize Bloom-Carroll Schools to deduct the following city income tax from my earnings:

1. _____ I am liable for Carroll city tax because I work within the city limits of Carroll (applies to High School, Middle School, transportation staff and all substitutes).

- OR -

_____ I do NOT work within the city limits of Carroll, so no city tax should be withheld (applies to Elementary School Staff

2. As a courtesy, Bloom-Carroll Schools will withhold city tax for the municipality in which you reside. I am liable for _____ tax because I live within the city limits. Please withhold for this municipality.

School District Income Tax

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 school district income tax. Your exemptions are the same for school district withholding as they are for state income tax withholding purposes unless you choose differently,

Public School District of Residence Employee Withholding Certificate	
Name	
Street Address	
City, State, ZIP Code	
Public School District of Residence	
School District Number	County
Employee Signature	Date

Optional – Only complete the following if you want your withholdings for SDIT to be different than your withholdings for the State of Ohio:

SDIT Exemptions	Additional SDIT Withholding
-----------------	-----------------------------

It is your responsibility to advise your employer of any changes in your address or work location which would alter the information above.