

**CANTON LOCAL SCHOOL DISTRICT  
CITY INCOME TAX DEDUCTION AUTHORIZATION FORM – COURTSEY WITHHOLDING**

NAME \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_  
(Name as it appears on Social Security Card)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY: \_\_\_\_\_

SCHOOL DISTRICT OF RESIDENCE: \_\_\_\_\_ SCHOOL DISTRICT NUMBER: \_\_\_\_\_

**PLEASE SELECT ONE OF THE FOLLOWING:**

\_\_\_\_\_ I live within the limits of \_\_\_\_\_ and authorize deduction at Tax Percentage \_\_\_\_\_

\_\_\_\_\_ I DO NOT live within the corporation limits of any city, therefore, no deduction authorization is required.

Township of Residence: \_\_\_\_\_

Note: Appropriate OSDI Tax will be withheld as required if applicable.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_