

PLAIN LOCAL SCHOOLS
901 44TH ST NW
CANTON OH 44709

DISCONTINUE - WITHHOLDING OF CITY INCOME TAX

NAME: _____

ID: _____

Please DISCONTINUE the withholding of City Income Tax for the following city:

City of: _____

Effective Date: _____

**Please note: it is the employees responsibility to notify the payroll department if there are any changes to the Withholding of City Income Tax.*

Signature

Date