

**CRESTWOOD LOCAL SCHOOL DISTRICT
CHANGE OF ADDRESS OR NAME AND LOCAL INCOME TAX NOTIFICATION**

Effective _____, please change:

Name _____
(please print)

New Name _____
(If changed) (please print)

Street _____

City _____

Zip _____

Phone _____

PLEASE CHECK ONE OF THE FOLLOWING THREE STATEMENTS REGARDING LOCAL INCOME TAX.

_____ I am not subject to a local income tax in the municipality of my residence

_____ I am subject to a local income tax in the municipality of my residence and please deduct
current per cent from my salary and send to _____

_____ I am subject to a local income tax in the municipality of my residence but do not make a
deduction for local income tax of my residence municipality.

Signature

Date

(PLEASE SEND TO TREASURER'S OFFICE)