



**HUBER HEIGHTS CITY SCHOOLS**

5954 Longford Rd.  
Huber Heights, OH 45424

[myhhcs.org](http://myhhcs.org)

PH: 937-237-6300

FX: 937-237-2178

**Huber Heights City School**

**Classified Application Packet Contains:**

1. Instructions on Creating Your OH ID Account
2. Classified Application for Employment
3. City Income Tax Form
  - a. Attachment for City Income Tax Form
4. Ohio Department of Taxation Form
5. W-4 Form
6. I-9 Form
7. Acknowledgement of Receipt of Auditor of State Fraud
8. School Employees Retirement System of Ohio
9. SSA1945
10. Checking/Savings Account Authorization Agreement for Direct Deposit – need a voided check or a written verification from the banking institution displaying the name of the institution, routing number and the account number
11. Direct Deposit E-Mail Notification
12. Substitute Emergency Information

The following items are needed:

1. HS Diploma and/ or official college transcripts showing your degree(s).
2. Driver's License
3. Social Security Card
3. BCI/FBI background checks. Please arrange an appointment with Desiree Bleh at 937-237-6300 ext. 83103. The cost is \$47.25. We accept cash or check made payable to Huber Heights City Schools.

Once you have completed the forms and have all items needed, please contact Human Resources at 937-237-6300 Ext. 80120, to schedule an appointment.



## HUBER HEIGHTS CITY SCHOOLS

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Huber Heights, OH 45424

PH: 937-237-6300  
FAX: 937-237-2178

HHCS IRN #048751  
Electronic Signature #048751

To renew or apply for your license, you will need to create an OH ID Account with the Ohio Department of Education.

### Creating Your ODE OH ID Account:

1. Navigate to <http://education.ohio.gov>, click the "**Login**" link at the top of the [education.ohio.gov](http://education.ohio.gov)
2. Click on - OH/ID PORTAL
3. Select Create New Account  
Click on "Create New Account" Link
4. 4. Fill out the information on the Profile Information page
  - Enter your contact and demographic information.
  - Answer the verification question.
  - Read and accept the OH ID terms and conditions by checking the box next to "I Acknowledge."
  - Once you have entered all necessary information and accepted the terms and conditions, click on the "Next" button to continue.
5. Complete the **Security Setup** page  
On the **Security Setup** page, create your OH ID username and password following the password guidelines on the right-hand side of the page.

Then, select your preferred password recovery method. The options are:

- A temporary PIN that is sent to your email address
- A temporary PIN that is sent via text message, or Answering pre-selected security questions

Click on the corresponding tile under the "Security Options" header to choose preferred option. It is important to note that multiple options can be selected. Once you have entered all the required information, click the "Create Account" button to continue.

6. Click the "Go to Login" button to enter the OH ID platform.
7. Login with newly created OH ID username and password and click "Log In"

8. Select "Department of Education Profile Setup"
  - Under available Apps, click on "Department of Education Profile Setup" button.
9. Accept Terms and Conditions and Verify Social Security Number  
Accept Terms and Conditions and Verify Social Security Number and click "Request Access"
10. Click on "Return to Applications" button
11. Select "Department of Education Profile Setup"  
Under My Apps, click on the "Department of Education Profile Setup" button
- 12a. Department of Education Profile Found  
If a Department of Education Profile is found, click on "View Applications" to view your Department of Education applications

**Department of Education applications are ready to be accessed. Done!**

- 12b. Department of Education Profile Not Found  
If a Department of Education Profile is not found, click on "Create Profile" to create a Department of Education Profile.
13. Create Department of Education Profile  
Complete the Department of Education Profile Creation Pages and click "Next"
14. Email Confirmation  
Enter the last four digits of your Social Security number and validation code you received from a confirmation email in the confirmation box and click "Continue".
- 15a. Sign Up Status: Approved  
If all information is entered correctly and verified, approval will be granted.  
Department of Education Applications can now be **accessed** by clicking the "Login" and entering your OH ID user name and password.
- 15b. Sign Up Status: Waiting For Approval  
If information is entered incorrectly and/or cannot be verified, approval will not be granted. A member of the Department of Education Support Team will reach out if information needs verification.



600.10  
02/08/2016

## Huber Heights City Schools Classified Employment Application

5954 Longford Road  
Huber Heights, Ohio 45424  
(937) 237-6300 – Fax #: (937) 237-2178  
*An Equal Opportunity Employer*

Check position(s) applied for: ☐ Clerical ☐ Custodial ☐ Other  
☐ Paraprofessional ☐ Nutrition Services  
☐ Maintenance ☐ Transportation

Name \_\_\_\_\_ Date \_\_\_\_\_  
(first) (middle) (last)

Email Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Present Position \_\_\_\_\_ Employer \_\_\_\_\_

Current Salary \_\_\_\_\_ Address \_\_\_\_\_

<u>Previous Employment/Location</u>	<u>Dates</u>	<u>Nature of Work</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Education Training: School/Location</u>	<u>Dates</u>	<u>Training/Degrees</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check job skills in which you have experience:

<input type="checkbox"/> Typing	<input type="checkbox"/> Telephone/Switchboard	<input type="checkbox"/> Painting	<input type="checkbox"/> Dishwashing Machine
<input type="checkbox"/> Computer	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Baking Large Volume
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Adding Machine	<input type="checkbox"/> Electrical	<input type="checkbox"/> Food Prep./Large Volume
<input type="checkbox"/> Calculator	<input type="checkbox"/> General Maintenance	<input type="checkbox"/> Heating/Air Cond.	<input type="checkbox"/> Cashier
<input type="checkbox"/> Filing	<input type="checkbox"/> Lawns/Ground Care	<input type="checkbox"/> Hot Water Boilers	<input type="checkbox"/> Serving/Large Groups
	<input type="checkbox"/> Other _____		



List any additional information, which you believe, will assist in arriving at a true estimate of your qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References:                      Name                      Address                      Telephone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check the workday schedule(s) under which you could be employed:

\_\_\_\_\_ Full-time (52 weeks)                      \_\_\_\_\_ School year (9 months)                      \_\_\_\_\_ Substitute

IF APPLYING FOR TRANSPORTATION, FILL OUT THIS SECTION:

List number of years experience driving:    \_\_\_\_\_ Car                      \_\_\_\_\_ Truck                      \_\_\_\_\_ Bus

Check type driver's license(s) now held:    \_\_\_\_\_ Operator                      \_\_\_\_\_ CDL                      \_\_\_\_\_ Bus

Auto mechanic experience?    \_\_\_\_\_ Yes                      \_\_\_\_\_ No                      First aid training?    \_\_\_\_\_ Yes                      \_\_\_\_\_ No

A. Have you ever been involved in a traffic accident?    \_\_\_\_\_ Yes                      \_\_\_\_\_ No

B. Has your driver's license ever been revoked?    \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If you answered "yes" to A or B above, write date, explanation and details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



In accordance with Ohio Revised Code 3319.39, Ohio Administrative Code 3301-20-03, and Board of Education policy, all applicants are subjected to criminal background checks. You are hereby notified that you may be disqualified from employment if you have pleaded guilty to or have been convicted of certain criminal offenses as provided by law. Applicants may be hired conditionally pending receipt of a background check. If the background check indicates that the applicant has one or more disqualifying offenses, the applicant will not be hired and any conditionally hired applicant will be released from employment immediately.

**ALL APPLICANTS READ & SIGN**

This will be my authorization to the Huber Heights City School District Board of Education to obtain any and all information regarding previous employment from any and all persons, firms, or corporations by whom I was previously employed.

This will further authorize any person, firm or corporation by whom I was previously employed to release any and all information concerning my previous employment to the Huber Heights City School District Board of Education and its representatives.

Also, I swear or affirm the facts set forth above in my application are true and complete. I understand that if employed, false statements in this application shall be considered as sufficient cause for rejection or dismissal.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



600.10  
02/08/2016

**HUBER HEIGHTS CITY SCHOOLS**  
**BACKGROUND INVESTIGATION**  
**LIABILITY RELEASE AUTHORIZATION WAIVER**

**Applicant's Name** \_\_\_\_\_

The individual named above is an applicant for employment with the Huber Heights City School District. As a mandatory step in the application process, said individual is required to furnish information to determine his/her suitability for the position in question.

In connection with my application, I am authorizing the release of any and all information you may possess concerning my work habits, personal character, or conduct, inclusive of any confidential or privileged information.

I hereby release you, your organization, or other parties from any liability or damage, which may result from the release of information in this matter:

Applicant (Print Name) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

HUBER HEIGHTS CITY SCHOOLS  
5954 LONGFORD ROAD  
HUBER HEIGHTS, OH 45424

Updated: \_\_\_\_\_  
Copy to: HR AP

CITY INCOME TAX FORM  
AND/OR  
CHANGE OF NAME/ADDRESS FORM

Effective Date \_\_\_\_\_

Today's Date \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Name \_\_\_\_\_ Bldg. Location \_\_\_\_\_

Address \_\_\_\_\_ Home Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*\*NAME CHANGE-FORMERLY \_\_\_\_\_

Are you required to pay a City Tax? ☐ Yes ☐ No City: \_\_\_\_\_

% of Tax	City	P/R Code	% of Tax	City	P/R Code
<input type="checkbox"/> 2.00%	Brookville	06	<input type="checkbox"/> 1.75%	Middletown	34
<input type="checkbox"/> 1.25%	Cedarville	09	<input type="checkbox"/> 2.50%	Moraine	35
<input type="checkbox"/> 1.75%	Centerville	11	<input type="checkbox"/> 1.50%	New Carlisle	37
<input type="checkbox"/> 2.10%	Cincinnati	12	<input type="checkbox"/> 2.50%	Oakwood 50%	40
<input type="checkbox"/> 1.50%	Clayton	32	<input type="checkbox"/> 1.50%	Phillipsburg	42
<input type="checkbox"/> 2.25%	Dayton	15	<input type="checkbox"/> 2.00%	Piqua	43
<input type="checkbox"/> 1.50%	Eaton	16	<input type="checkbox"/> 1.50%	Riverside	45
<input type="checkbox"/> 1.75%	Englewood	17	<input type="checkbox"/> 1.50%	Springboro	46
<input type="checkbox"/> 1.50%	Fairborn	20	<input type="checkbox"/> 2.00%	Springfield 1%	47
<input type="checkbox"/> 1.50%	Fairfield	21	<input type="checkbox"/> 1.50%	Tipp City	50
<input type="checkbox"/> 1.00%	Farmersville	22	<input type="checkbox"/> 2.25%	Trotwood	52
<input type="checkbox"/> 2.00%	Franklin	23	<input type="checkbox"/> 1.75%	Troy	53
<input type="checkbox"/> 1.25%	Germantown	24	<input type="checkbox"/> 2.00%	Vandalia	55
<input type="checkbox"/> 2.00%	Hamilton	26	<input type="checkbox"/> 2.25%	West Carrollton	58
<input type="checkbox"/> 2.25%	Huber Heights	27	<input type="checkbox"/> 1.50%	West Milton	59
<input type="checkbox"/> 2.25%	Kettering	28	<input type="checkbox"/> 2.00%	Woodlawn	57
<input type="checkbox"/> 1.75%	Lewisburg	30	<input type="checkbox"/> 2.25%	Xenia 75%	62
<input type="checkbox"/> 2.25%	Miamisburg	33	<input type="checkbox"/> 1.50%	Yellow Springs	61

Reciprocals

Are you required to pay a School District Income Tax: Yes ☐ No ☐

School District Name \_\_\_\_\_ School District # \_\_\_\_\_ (see attached listing)

**ATTENTION:** IT WILL BE YOUR RESPONSIBILITY TO UPDATE THIS INFORMATION FOR:

INSURANCE - [www.epc-online.benelogic.com](http://www.epc-online.benelogic.com)

RETIREMENT SYSTEM - STRS (888) 227-7877 SERS (800) 878-5853

This form will change your Name/Address for payroll purposes only.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Updated School Districts  
Effective January 1, 2023**

<u>New School District (1)</u>			
<u>School District #</u>	<u>School District</u>	<u>Rate</u>	<u>Counties (Primary First)</u>
2607*	Wauseon EVSD	1.75%	Fulton
<u>Expired School District (1)</u>			
<u>School District #</u>	<u>School District</u>	<u>Rate</u>	<u>Counties (Primary First)</u>
1404	Wilmington CSD	1.00%	Clinton, Greene
<u>Rate Changes (2)</u>			
<u>School District #</u>	<u>School District</u>	<u>Rate</u>	<u>Counties (Primary First)</u>
3202	Arlington LSD	1.75%	Hancock
5204*	Cloverleaf LSD	1.00%	Medina
<u>Renewed (10)</u>			
<u>School District #</u>	<u>School District</u>	<u>Rate</u>	<u>Counties (Primary First)</u>
0203	Bluffton EVSD	0.50%	Allen, Hancock
0604*	St Marys CSD	1.00%	Auglaize
1105	West Liberty-Salem LSD	1.75%	Champaign, Logan
2001	Ayersville LSD	1.00%	Defiance
2602	Evergreen LSD	1.50%	Fulton, Lucas
4507	Newark CSD	1.00%	Licking
5901*	Cardington-Lincoln LSD	0.75%	Morrow, Marion
6909	Pandora-Gilboa LSD	1.75%	Putnam, Allen
7203*	Gibsonburg EVSD	1.00%	Sandusky, Wood
8501*	Chippewa LSD	1.00%	Wayne

\*Districts with an alternative earned income only tax.

**Note:** When you create W-2s for your employees, you should identify the school district by its four-digit code. By doing so, you will help your employees avoid any delay in the processing of their income tax returns.

## School Districts With an Income Tax for 2023

Bold indicates a newly enacted rate, a rate change for 2023 or a change in the tax type

SD#	School District Name (and Counties)	Rate	Percent	SD#	School District Name (and Counties)	Rate	Percent
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Earned Income Only Tax Base School Districts			
0501	Alexander LSD (Athens, Meigs, Vinton)	.0100	1%
2301	Amanda-Clearcreek LSD (Fairfield)	.0200	2%
0502	Athens CSD (Athens)	.0100	1%
2801	Berkshire LSD (Geauga)	.0100	1%
2302	Berne Union LSD (Fairfield, Hocking)	.0200	2%
5501	Bethel LSD (Miami)	.0075	¾%
7502	Botkins LSD (Shelby, Auglaize)	.0125	1¼%
<b>5901</b>	<b>Cardington-Lincoln LSD (Morrow, Marion)</b>	<b>.0075</b>	<b>¾%</b>
5401	Celina CSD (Mercer)	.0100	1%
<b>8501</b>	<b>Chippewa LSD (Wayne)</b>	<b>.0100</b>	<b>1%</b>
6501	Circleville CSD (Pickaway)	.0075	¾%
7001	Clear Fork Valley LSD (Richland, Knox)	.0100	1%
1402	Clinton-Massie LSD (Clinton, Greene, Warren)	.0050	½%
<b>5204</b>	<b>Cloverleaf LSD (Medina)</b>	<b>.0100</b>	<b>1%</b>
7201	Clyde-Green Springs EVSD (Sandusky, Seneca)	.0150	1½%
1704	Crestline EVSD (Crawford, Richland)	.0025	¼%
1505	East Palestine CSD (Columbiana)	.0050	½%
8702	Eastwood LSD (Wood)	.0100	1%
8603	Edon-Northwest LSD (Williams)	.0100	1%
5101	Elgin LSD (Marion, Delaware, Hardin)	.0075	¾%
0404	Geneva Area CSD (Ashtabula)	.0125	1¼%
<b>7203</b>	<b>Gibsonburg EVSD (Sandusky, Wood)</b>	<b>.0100</b>	<b>1%</b>
8503	Green LSD (Wayne)	.0050	½%
3603	Greenfield EVSD (Highland, Fayette, Ross)	.0125	1¼%
0302	Hillsdale LSD (Ashland, Wayne)	.0125	1¼%
7403	Hopewell-Loudon LSD (Seneca)	.0050	½%
7506	Jackson Center LSD (Shelby, Auglaize, Logan)	.0150	1½%
6704	James A Garfield LSD (Portage)	.0150	1½%
4901	Jefferson LSD (Madison)	.0100	1%
4902	Jonathan Alder LSD (Madison, Franklin, Union)	.0125	1¼%
2305	Lancaster CSD (Fairfield)	.0150	1½%
6502	Logan Elm LSD (Pickaway, Hocking)	.0100	1%
4904	Madison Plains LSD (Madison, Fayette, Franklin)	.0125	1¼%
5504	Miami East LSD (Miami, Champaign)	.0175	1¾%
5505	Milton-Union EVSD (Miami)	.0125	1¼%
3902	Monroeville LSD (Huron, Erie)	.0150	1½%
8605	Montpelier EVSD (Williams)	.0125	1¼%
8705	North Baltimore LSD (Wood, Hancock)	.0125	1¼%
4508	North Fork LSD (Licking, Knox)	.0100	1%
1203	Northeastern LSD (Clark, Champaign)	.0100	1%
4509	Northridge LSD (Licking, Delaware, Knox)	.0050	½%
7612	Northwest LSD (Stark, Summit, Wayne)	.0100	1%
1204	Northwestern LSD (Clark, Champaign)	.0100	1%

Earned Income Only Tax Base School Districts			
8706	Northwood LSD (Wood)	.0025	¼%
7711	Norton CSD (Summit)	.0050	½%
8504	Norwayne LSD (Wayne, Medina)	.0075	¾%
5103	Pleasant LSD (Marion)	.0100	1%
5104	Ridgedale LSD (Marion, Crawford, Wyandot)	.0100	1%
5105	River Valley LSD (Marion, Morrow)	.0100	1%
4604	Riverside LSD (Logan, Shelby)	.0150	1½%
0908	Ross LSD (Butler)	.0125	1¼%
5008	Sebring LSD (Mahoning)	.0100	1%
7508	Sidney CSD (Shelby, Logan)	.0075	¾%
3118	Southwest LSD (Hamilton, Butler)	.0075	¾%
<b>0604</b>	<b>St Marys CSD (Auglaize)</b>	<b>.0100</b>	<b>1%</b>
6503	Teays Valley LSD (Pickaway, Fairfield, Franklin)	.0150	1½%
6806	Tri-County North LSD (Preble, Darke, Montgomery)	.0100	1%
8509	Triway LSD (Wayne, Holmes)	.0100	1%
5509	Troy CSD (Miami)	.0150	1½%
2308	Walnut Township LSD (Fairfield)	.0175	1¾%
2402	Washington Court House CSD (Fayette)	.0100	1%
<b>2607</b>	<b>Wauseon EVSD (Fulton)</b>	<b>.0175</b>	<b>1¾%</b>
3907	Willard CSD (Huron, Crawford)	.0075	¾%
7107	Zane Trace LSD (Ross)	.0075	¾%

## School Districts With an Income Tax for 2023

Bold indicates a newly enacted rate, a rate change for 2023 or a change in the tax type

SD#	School District Name (and Counties)	Rate	Percent	SD#	School District Name (and Counties)	Rate	Percent
<b>Traditional Tax Base School Districts</b>				<b>Traditional Tax Base School Districts</b>			
3301	Ada EVSD (Hardin, Hancock)	.0150	1½%	2602	Evergreen LSD (Fulton, Lucas)	<b>.0150</b>	1½%
7501	Anna LSD (Shelby)	.0150	1½%	8001	Fairbanks LSD (Union, Madison)	.0100	1%
1901	Ansonia LSD (Darke)	.0175	1¾%	2903	Fairborn CSD (Greene, Clark, Montgomery)	.0050	½%
6301	Antwerp LSD (Paulding)	.0150	1½%	2304	Fairfield Union LSD (Fairfield, Hocking, Perry)	.0200	2%
3201	Arcadia LSD (Hancock, Seneca)	.0100	1%	7503	Fairlawn LSD (Shelby)	.0075	¾%
1902	Arcanum-Butler LSD (Darke)	.0150	1½%	2603	Fayette LSD (Fulton)	.0100	1%
<b>3202</b>	<b>Arlington LSD (Hancock)</b>	<b>.0175</b>	<b>1¾%</b>	7504	Fort Laramie LSD (Shelby, Darke)	.0150	1½%
<b>2001</b>	<b>Ayersville LSD (Defiance)</b>	<b>.0100</b>	<b>1%</b>	5406	Fort Recovery LSD (Mercer, Darke)	.0150	1½%
3901	Bellevue CSD (Huron, Erie, Sandusky, Seneca)	.0050	½%	1903	Franklin Monroe LSD (Darke, Miami)	.0075	¾%
2501	Bexley CSD (Franklin)	.0075	¾%	7202	Fremont CSD (Sandusky)	.0125	1¼%
2101	Big Walnut LSD (Delaware)	.0075	¾%	1305	Goshen LSD (Clermont, Warren)	.0100	1%
2303	Bloom-Carroll LSD (Fairfield)	.0125	1¼%	4501	Granville EVSD (Licking)	.0075	¾%
<b>0203</b>	<b>Bluffton EVSD (Allen, Hancock)</b>	<b>.0050</b>	<b>½%</b>	2904	Greeneview LSD (Greene, Clinton, Fayette)	.0100	1%
8701	Bowling Green CSD (Wood, Henry)	.0050	½%	1904	Greenville CSD (Darke)	.0050	½%
5502	Bradford EVSD (Miami, Darke, Shelby)	.0175	1¾%	3302	Hardin Northern LSD (Hardin, Hancock)	.0175	1¾%
8601	Bryan CSD (Williams)	.0100	1%	7505	Hardin-Houston LSD (Shelby)	.0075	¾%
1701	Buckeye Central LSD (Crawford, Huron, Richland, Seneca)	.0150	1½%	2004	Hicksville EVSD (Defiance)	.0150	1½%
2102	Buckeye Valley LSD (Delaware, Marion, Morrow, Union)	.0100	1%	5902	Highland LSD (Morrow, Delaware)	.0050	½%
2502	Canal Winchester LSD (Franklin, Fairfield)	.0075	¾%	3604	Hillsboro CSD (Highland)	.0100	1%
8801	Carey EVSD (Wyandot, Seneca)	.0100	1%	3501	Holgate LSD (Henry)	.0150	1½%
8301	Carlisle LSD (Warren, Montgomery)	.0100	1%	6903	Jennings LSD (Putnam)	.0075	¾%
2902	Cedar Cliff LSD (Greene, Clark)	.0125	1¼%	4503	Johnstown-Monroe LSD (Licking, Delaware)	.0100	1%
4201	Centerburg LSD (Knox, Delaware, Licking)	.0075	¾%	6904	Kalida LSD (Putnam)	.0100	1%
2002	Central LSD (Defiance, Williams)	.0125	1¼%	3303	Kenton CSD (Hardin, Wyandot)	.0100	1%
1303	Clermont-Northeastern LSD (Clermont, Brown)	.0100	1%	7204	Lakota LSD (Sandusky, Seneca, Wood)	.0150	1½%
5402	Coldwater EVSD (Mercer)	.0050	½%	6905	Leipsic LSD (Putnam)	.0075	¾%
1703	Colonel Crawford LSD (Crawford)	.0125	1¼%	3502	Liberty Center LSD (Henry, Fulton)	.0175	1¾%
1502	Columbiana EVSD (Columbiana, Mahoning)	.0100	1%	2306	Liberty Union-Thurston LSD (Fairfield)	.0175	1¾%
6901	Columbus Grove LSD (Putnam, Allen)	.0100	1%	3205	Liberty-Benton LSD (Hancock)	.0075	¾%
6902	Continental LSD (Putnam)	.0100	1%	4506	Licking Valley LSD (Licking, Muskingum)	.0100	1%
3203	Cory-Rawson LSD (Hancock)	.0175	1¾%	4903	London CSD (Madison)	.0100	1%
5503	Covington EVSD (Miami)	.0200	2%		Loudonville-Perrysville EVSD (Ashland, Holmes, Knox, Richland)	.0125	1¼%
1503	Crestview LSD (Columbiana)	.0100	1%	0905	Madison LSD (Butler)	.0050	½%
8101	Crestview LSD (Van Wert)	.0100	1%	3206	McComb LSD (Hancock, Putnam, Wood)	.0150	1½%
8502	Dalton LSD (Wayne)	.0075	¾%	1102	Mechanicsburg EVSD (Champaign, Madison)	.0150	1½%
4202	Danville LSD (Knox, Holmes)	.0150	1½%	8604	Millcreek-West Unity LSD (Williams)	.0100	1%
2003	Defiance CSD (Defiance, Paulding)	.0050	½%	6906	Miller City-New Cleveland LSD (Putnam)	.0125	1¼%
0204	Delphos CSD (Allen, Van Wert)	.0050	½%	0601	Minster LSD (Auglaize, Darke, Mercer, Shelby)	.0100	1%
6803	Eaton CSD (Preble)	.0150	1½%	1905	Mississinawa Valley LSD (Darke)	.0175	1¾%
8602	Edgerton LSD (Williams, Defiance)	.0100	1%	8802	Mohawk LSD (Wyandot, Crawford, Seneca)	.0100	1%
8703	Elmwood LSD (Wood, Hancock)	.0125	1¼%	5903	Mount Gilead EVSD (Morrow)	.0150	1½%



## School Districts With an Income Tax for 2023

Bold indicates a newly enacted rate, a rate change for 2023 or a change in the tax type

SD#	School District Name (and Counties)	Rate	Percent
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SD#	School District Name (and Counties)	Rate	Percent
-----	-------------------------------------	------	---------

Traditional Tax Base School Districts			
6802	National Trail LSD (Preble, Darke)	.0175	1¼%
0602	New Bremen LSD (Auglaize, Mercer, Shelby)	.0100	1%
0603	New Knoxville LSD (Auglaize, Shelby)	.0125	1¼%
5708	New Lebanon LSD (Montgomery)	.0125	1¼%
3903	New London LSD (Huron, Ashland, Lorain)	.0100	1%
0907	New Miami LSD (Butler)	.0100	1%
7404	New Riegel LSD (Seneca)	.0150	1½%
<b>4507</b>	<b>Newark CSD (Licking)</b>	<b>.0100</b>	<b>1%</b>
5506	Newton LSD (Darke, Miami)	.0175	1¼%
8003	North Union LSD (Union, Delaware)	.0100	1%
5904	Northmor LSD (Morrow, Marion, Richland)	.0100	1%
8505	Northwestern LSD (Wayne, Ashland)	.0125	1¼%
3904	Norwalk CSD (Huron)	.0050	½%
4712	Oberlin CSD (Lorain)	.0200	2%
7405	Old Fort LSD (Seneca, Sandusky)	.0100	1%
8707	Otsego LSD (Wood, Henry, Lucas)	.0100	1%
6907	Ottawa-Glandorf LSD (Putnam)	.0150	1½%
6908	Ottoville LSD (Putnam, Paulding)	.0075	¾%
<b>6909</b>	<b>Pandora-Gilboa LSD (Putnam, Allen)</b>	<b>.0175</b>	<b>1¼%</b>
5405	Parkway LSD (Mercer, Auglaize, Van Wert)	.0100	1%
3504	Patrick Henry LSD (Henry, Putnam, Wood)	.0175	1¼%
6302	Paulding EVSD (Paulding, Putnam)	.0100	1%
8708	Perrysburg EVSD (Wood)	.0050	½%
2604	Pettisville LSD (Fulton, Henry)	.0100	1%
2307	Pickerington LSD (Fairfield, Franklin)	.0100	1%
2605	Pike-Delta-York LSD (Fulton)	.0100	1%
5507	Piqua CSD (Miami)	.0125	1¼%
7007	Plymouth-Shiloh LSD (Richland, Crawford, Huron)	.0100	1%
6804	Preble Shawnee LSD (Preble, Butler, Montgomery)	.0175	1¼%
2509	Reynoldsburg CSD (Franklin, Fairfield, Licking)	.0050	½%
3304	Ridgemont LSD (Hardin, Logan)	.0175	1¼%
3305	Riverdale LSD (Hancock, Hardin, Wyandot)	.0100	1%
7507	Russia LSD (Shelby, Darke)	.0075	¾%
7406	Seneca East LSD (Seneca, Huron)	.0100	1%
7008	Shelby CSD (Richland)	.0100	1%
3905	South Central LSD (Huron, Richland)	.0125	1¼%
1205	Southeastern LSD (Clark, Greene)	.0100	1%
4510	Southwest Licking LSD (Licking, Fairfield)	.0075	¾%
0209	Spencerville LSD (Allen, Auglaize, Van Wert)	.0100	1%
5010	Springfield LSD (Mahoning)	.0100	1%
8607	Stryker LSD (Williams)	.0150	1½%
2606	Swanton LSD (Fulton, Lucas)	.0075	¾%

Traditional Tax Base School Districts			
0909	Talawanda CSD (Butler, Preble)	.0100	1%
1103	Triad LSD (Champaign, Logan, Union)	.0150	1½%
1906	Tri-Village LSD (Darke)	.0150	1½%
6805	Twin Valley Community LSD (Preble)	.0150	1½%
7106	Union-Scioto LSD (Ross)	.0050	½%
1510	United LSD (Columbiana)	.0050	½%
8803	Upper Sandusky EVSD (Wyandot, Crawford, Marion)	.0125	1¼%
3306	Upper Scioto Valley LSD (Hardin, Auglaize, Logan)	.0050	½%
5713	Valley View LSD (Montgomery, Preble)	.0175	1¼%
3207	Van Buren LSD (Hancock)	.0100	1%
8104	Van Wert CSD (Van Wert)	.0100	1%
3208	Vanlue LSD (Hancock, Seneca, Wyandot)	.0100	1%
1907	Versailles EVSD (Darke, Shelby)	.0100	1%
0605	Wapakoneta CSD (Auglaize)	.0075	¾%
6303	Wayne Trace LSD (Paulding, Putnam, Van Wert)	.0125	1¼%
0606	Waynesfield-Goshen LSD (Auglaize, Allen, Logan)	.0100	1%
4715	Wellington EVSD (Lorain, Huron)	.0100	1%
<b>1105</b>	<b>West Liberty-Salem LSD (Champaign, Logan)</b>	<b>.0175</b>	<b>1¼%</b>
3906	Western Reserve LSD (Huron, Erie)	.0125	1¼%
3122	Wyoming CSD (Hamilton)	.0125	1¼%
2906	Xenia Community CSD (Greene, Warren)	.0050	½%
2907	Yellow Springs EVSD (Greene, Clark)	.0100	1%

Department of  
TaxationIT 4  
Rev. 12/20**Employee's Withholding Exemption Certificate**

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. **Your employer may require you to complete this form electronically.**

**Section I: Personal Information**

Employee Name:	Employee SSN:
Address, city, state, ZIP code:	
School district of residence (See <i>The Finder</i> at tax.ohio.gov):	School district number (####):

**Section II: Claiming Withholding Exemptions**

1. Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1" .....
2. Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1" .....
3. Number of dependents .....
4. Total withholding exemptions (sum of line 1, 2, and 3) .....
5. Additional Ohio income tax withholding per pay period (optional) ..... \$ .....

**Section III: Withholding Waiver**

I am not subject to Ohio or school district income tax withholding because (check all that apply):

- ☐ I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.
- ☐ I am a resident military servicemember who is stationed outside Ohio on active duty military orders.
- ☐ I am a nonresident military **servicemember** who is stationed in Ohio due to military orders.
- ☐ I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.
- ☐ I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).

**Section IV: Signature (required)**

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information is true, correct and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## IT 4 Instructions

Most individuals are subject to Ohio income tax on their wages, salaries, or other compensation. To ensure this tax is paid, employers maintaining an office or transacting business in Ohio must withhold Ohio income tax, and school district income tax if applicable, from each individual who is an employee.

Such employees who are subject to Ohio income tax (and school district income tax, if applicable) should complete sections I, II, and IV of the IT 4 to have their employer withhold the appropriate Ohio taxes from their **compensation**. If the employee does not complete the IT 4 and return it to his/her employer, the employer:

- Will withhold Ohio tax based on the employee claiming **zero exemptions**, and
- **Will not** withhold school district income tax, even if the employee lives in a taxing school district.

An individual may be **subject** to an interest penalty for underpayment of **estimated** taxes (on form IT/SD 2210) based on under-withholding.

Certain employees may be **exempt** from Ohio withholding because their income is not subject to Ohio tax. Such employees should complete sections I, III, and IV of the IT 4 **only**.

The IT 4 does **not** need to be filed with the Department of Taxation. Your employer must maintain a copy as part of its records.

R.C. 5747.06(A) and Ohio Adm.Code 5703-7-10.

### Section I

Enter the four-digit school district number of your primary address. If you do not know your school district of residence or its school district number, use *The Finder* at [tax.ohio.gov](http://tax.ohio.gov). You can also verify your school district by contacting your county auditor or county board of elections.

If you move during the tax year, complete an updated IT 4 immediately reflecting your new address and/ or school district of residence.

### Section II

**Line 1:** If you can be claimed on someone else's Ohio income tax return as a dependent, then you are to enter "0" on this line. Everyone else may enter "1".

**Line 2:** If you are single, enter "0" on this line. If you are married and you and your spouse file separate Ohio Income tax returns as "Married filing Separately" then enter "0" on this line.

**Line 3:** You are allowed one exemption for each dependent. Your dependents for Ohio income tax purposes are the same as your dependents for federal income tax purposes. See R.C. 5747.01(O).

**Line 5:** If you expect to owe more Ohio income tax than the amount withheld from your compensation, you can request that your employer withhold an additional amount of Ohio income tax. This amount should be reported in whole dollars.

**Note:** If you do not request additional withholding from your compensation, you may need to make estimated income tax payments using form IT 1040ES or estimated school district income tax payments using the SD 100ES. Individuals who commonly owe more in Ohio income taxes than what is withheld from their compensation include:

- Spouses who file a joint Ohio income tax return and both report income, and
- Individuals who have multiple jobs, all of which are subject to Ohio withholding.

### Section III

This section is for individuals whose income is deductible or excludable from Ohio income tax, and thus employer withholding is not required. Such employee should check the appropriate box to indicate which exemption applies to him/her. Checking the box will cause your employer to not withhold Ohio income tax and/or school district income tax. The exemptions include:

- **Reciprocity Exemption:** If you are a resident of Indiana, Kentucky, Pennsylvania, Michigan or West Virginia and you work in Ohio, you do not owe Ohio income tax on your compensation. Instead, you should have your employer withhold income tax for your resident state. R.C. 5747.05(A)(2).
- **Resident Military Servicemember Exemption:** If you are an Ohio resident and a member of the United States Army, Air Force, Navy, Marine Corps, or Coast Guard (or the reserve components of these branches of the military) or a member of the National Guard, you do not owe Ohio income tax or school district income tax on your active duty military pay and allowances received while stationed outside of Ohio.

This exemption does not apply to compensation for nonactive duty status or received while you are stationed in Ohio.

R.C. 5747.01(A)(21).

- **Nonresident Military Servicemember Exemption:** If you are a nonresident of Ohio and a member of the uniformed services (as defined in 10 U.S.C. §101), you do not owe Ohio income tax or school district income tax on your military pay and allowances.

- **Nonresident Civilian Spouse of a Military Servicemember Exemption:** If you are the civilian spouse of a military servicemember, your pay may be exempt from Ohio income tax and school district income tax if all of the following are true:

- Your spouse is a nonresident of Ohio;
- You and your spouse are residents of the same state;
- Your spouse is stationed in Ohio on military orders; and
- You are present in Ohio solely to be with your spouse.

You **must** provide a copy of the employee's spousal military identification card issued to the employee by the Department of Defense when completing the IT 4.

Note: For more information on taxation of military servicemembers and their civilian spouses, see 50a U.S.C. §571.

- Statutory Withholding Exemptions: Compensation earned in any of the following circumstances is not subject to Ohio income tax or school district income tax withholding:

- Agricultural labor (as defined in 26 U.S.C. §3121(g));
- Domestic service in a private home, local college club, or local chapter of a college fraternity or sorority;
- Services performed by an employee who is regularly employed by an employer to perform such service if she or he earns less than \$300 during a calendar quarter;

- Newspaper or shopping news delivery or distribution directly to a consumer, performed by an individual under the age of 18;
- Services performed for a foreign government or an international organization; and
- Services performed outside the employer's trade or business if paid in any medium other than cash.

\*These exemptions are not common.

Note: While the employer is not required to withhold on these amounts, the income is still subject to Ohio income tax and school district income tax (if applicable). As such, you may need to make estimated income tax payments using form IT 1040ES and/or estimated school district income tax payments using form SD 100ES.

See R.C. 5747.06(A)(1) through (6).



Form **W-4**Department of the Treasury  
Internal Revenue Service**Employee's Withholding Certificate**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

OMB No. 1545-0074

**2023****Step 1:****Enter  
Personal  
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 **ONLY** if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

**TIP:** If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$		
	Multiply the number of other dependents by \$500 . . . . . \$		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

**Step 5:  
Sign  
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

**Employers  
Only**

Employer's name and address

First date of  
employment

Employer identification  
number (EIN)



## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of **self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual**.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total **amount** in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the **Deductions Worksheet**, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b) — Multiple Jobs Worksheet** *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4** **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b) — Deductions Worksheet** *(Keep for your records.)*

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*







Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization		OR	List B Identity	AND List C Employment Authorization
Document Title	Document Title	Document Title		
Issuing Authority	Issuing Authority	Issuing Authority		
Document Number	Document Number	Document Number		
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)		
Document Title	Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space	
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## Office of Human Resources

Adam Reed, Director  
937-237-6300, Ext. 80121  
[adam.reed@myhhcs.org](mailto:adam.reed@myhhcs.org)

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### **Acknowledgement of receipt of Auditor of State fraud-reporting system information**

Pursuant to Ohio Revised code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging that Huber Heights City Schools provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud-reporting system.

I have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

---

PRINT NAME, TITLE AND DEPARTMENT

---

PLEASE SIGN NAME

---

DATE



# SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 East Broad Street, Suite 100, Columbus, Ohio 43215-3746

614-222-5853 • Toll-Free 1-800-878-5853 • www.ohsers.org

## MEMBERSHIP RECORD

### PART A - TO BE COMPLETED BY MEMBER

--	--	--	--	--	--	--	--	--	--

SOCIAL SECURITY NUMBER

LAST NAME FIRST MIDDLE MAIDEN

PERMANENT

MAILING  
ADDRESS:

STREET

☐ MALE

☐ FEMALE

CITY

STATE

ZIP

DATE OF BIRTH:

MONTH

DAY

YEAR

E-MAIL

ADDRESS:

PHONE NUMBER: ( )

☐ SINGLE

☐ DIVORCED

☐ MARRIED

☐ WIDOWED

### FAMILY DATA

LAST NAME

FIRST

MIDDLE OR MAIDEN

DATE OF BIRTH  
MONTH/DAY/YEAR

SPOUSE:

CHILDREN:

FATHER:

MOTHER:

### JOB CLASSIFICATION Mark one box only:

☐ Administrative

☐ Educational Aide

☐ Supplemental (Coach, Advisor, Etc.)

☐ Clerical/Secretarial

☐ Food Service

☐ School Board Member

☐ Custodial/Maintenance

☐ Transportation

☐ Other

If an employee of the schools through an outside contract company:

Name of contract company:

### MEMBERSHIP IN OTHER OHIO SYSTEM

For all of the following, check "yes" or "no" if you ever were a member of or received benefits from:

School Employees Retirement System of Ohio

☐ MEMBER Yes ☐ No

BENEFIT

☐ None ☐ Service ☐ Disability ☐ Survivor

State Teachers Retirement System of Ohio

☐ Yes ☐ No

☐ None ☐ Service ☐ Disability ☐ Survivor

Ohio Public Employees Retirement System

☐ Yes ☐ No

☐ None ☐ Service ☐ Disability ☐ Survivor

Ohio Police & Fire Pension Fund

☐ Yes ☐ No

☐ None ☐ Service ☐ Disability ☐ Survivor

Ohio State Highway Patrol Retirement System

☐ Yes ☐ No

☐ None ☐ Service ☐ Disability ☐ Survivor

Cincinnati Retirement System

☐ Yes ☐ No

☐ None ☐ Service ☐ Disability ☐ Survivor

Individuals receiving a Disability Benefit from SERS need to contact SERS before returning to work.

### MEMBER CERTIFICATION

I hereby certify the information given here to be true to the best of my knowledge.

SIGNATURE:

DO NOT PRINT

DATE:

### PART B - TO BE COMPLETED BY EMPLOYER

Huber Heights City Schools

Montgomery

5 7

2 9 7

SCHOOL DISTRICT

COUNTY

COUNTY

DISTRICT NO.

MEMBER'S FIRST DATE OF SERVICE THIS SCHOOL YEAR (July 1 - June 30):

I hereby certify that I have verified the employee's Social Security number, the job title, and the first date of service for the current employment.

AUTHORIZED OFFICER'S SIGNATURE:



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## Statement Concerning Your Employment in a Job Not Covered by Social Security

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Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_  
Employer Name Huber Heights City Schools Employer ID# 31-6000996

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For **example**, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_



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## Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto:ofsm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

**HUBER HEIGHTS CITY SCHOOL DISTRICT  
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

All new authorizations/changes in accounts **MUST** be accompanied by a voided check, or written verification from the financial institution displaying employee name, name of the financial institution, routing number, account type and account number for each account listed. Employee must be an authorized/owner/signer on the account(s) being provided.

(This form should be completed in its entirety for all changes to direct deposit amounts/accounts. Completed forms should be submitted to the Treasurer's Office.)

**Section I Employee Information**

(Check one) Deposit Action: New: ☐ Change: ☐ Stop: ☐

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Department Building: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(In order to have direct deposit, you must provide a valid e-mail address to have your direct deposit notification e-mailed to. Regularly contracted employees should provide their district e-mail address. Others should provide a valid home e-mail address, you may have up to two email addresses listed.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
I hereby request and authorize Huber Heights City School District to initiate credit and debit entries to my checking/savings account(s). This authority is to remain in full force and effect until the financial institution(s) and School District have received written notification from me of its termination in such time and in such manner as to afford the financial institution(s) and School District a reasonable opportunity to act on it, or until financial institution and School District have sent me ten (10) calendar days written notice of financial institution(s) and School District's termination of this agreement.

**Section II Employee Bank Information**

**Note:** You may have your paycheck deposited at up to two financial institutions. If two banks are listed, last bank specified will receive the balance of your pay.

Bank 1 Name: \_\_\_\_\_

Bank Address: (including city, state and zip code: \_\_\_\_\_  
\_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type: Checking: ☐ Savings: ☐ Amount to be Deposited: \$ \_\_\_\_\_

Bank 2 Name: \_\_\_\_\_

Bank Address: (including city, state and zip code: \_\_\_\_\_  
\_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type: Checking: ☐ Savings: ☐ Amount to be Deposited: \$ \_\_\_\_\_

# DIRECT DEPOSIT E-MAIL NOTIFICATION

The Huber Heights City Schools Payroll Department utilizes Direct Deposit E-Mail Notification. Notices are sent one day prior to the payroll date.

In order to prevent identity theft, this e-mail notice will not contain your Social Security or banking account number.

## PLEASE PROVIDE THE FOLLOWING:

Print Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

Send completed form in inter-school mail to the Payroll Department at Central Office.

Note: It is your responsibility to inform the Payroll Department of any changes in your E-mail address.

By providing an E-mail address and signing this form, the employee accepts responsibility for delivery of their Direct Deposit E-mail and holds the district blameless for any problems related to E-mail delivery to the stated E-mail address.

**SUBSTITUTE EMERGENCY INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Building \_\_\_\_\_

Person(s) to contact in case of emergency:

\_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Preferred hospital \_\_\_\_\_

Preferred physician \_\_\_\_\_ Telephone \_\_\_\_\_

Facts concerning medical history to which physician should be alerted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p>This form is to be filed in the Administration Office and the HHCS department in which the substitute works.</p>
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