

## CHANGE OF ADDRESS:

Please complete entire sheet and return to Payroll

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

New Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

### CITY TAX/SCHOOL DISTRICT INCOME TAX INFORMATION

Please check appropriate boxes, fill in blanks, date and sign below:

I request that Northern Local Schools **deduct** city taxes from my pay.

I reside within the city limits of: \_\_\_\_\_  
(Please print name of city for taxes to be deducted)

I do not reside within the city limits, therefore I do not require city taxes to be deducted from my pay.

I request that Northern Local Schools **deduct** School District Income Taxes from my pay.

I reside in the school district of: \_\_\_\_\_  
(Please print the name of the school district in which you reside)

I do not reside in a school district that currently has a school district income tax.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date