



washington local schools

3505 West Lincolnshire Blvd. • Toledo, Ohio 43606

SCHOOL DISTRICT INCOME TAX

Please review the information on the back of this form regarding the enactment of School District Income Tax and complete this form as follows:

- a) If you reside in one of the districts requiring the withholding of this tax, **complete the bottom portion of this sheet.**
- b) If **not** residing in one of the affected districts, complete the top portion of this form.

_____ School District

_____ Employee Signature

School District Code: _____

_____ Date

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I authorize the deduction of School District Income Tax from my wages as enacted by the voters.

_____ School District

_____ Employee Signature

School District Code: _____

_____ Date

“Equal Opportunity Employer”