



# ROSS-PIKE EDUCATIONAL SERVICE DISTRICT

475 Western Avenue ▪ Suite E  
Chillicothe ▪ OH 45601  
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Piketon ▪ OH 45661  
Phone: 740/289-4171 ▪ Fax: 740/289-4542

## City Tax Liability

\_\_\_\_\_  
Name Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Street \_\_\_\_\_

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

In accordance to Amended Substitute House Bill No. 108, I hereby authorize the Ross-Pike County Educational Service District to deduct the following city income tax from my earnings:

1. I am liable for \_\_\_\_\_ tax because **I WORK there.**  
City
2. I am liable for \_\_\_\_\_ tax because **I LIVE there.**  
City

It will be my responsibility to file a city tax form accounting for the time I spend in different sections of the city.  
**It will also be my responsibility to advise my employer of any change in my work location that would alter the above. I acknowledge that I may be liable for city taxes where I reside.**

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

For Fiscal use only:  
City Code \_\_\_\_\_ Rate \_\_\_\_\_