

ADDRESS CHANGE / MUNICIPAL TAX LIABILITY FORM

Name _____ EMPLID _____ Effective Date _____

HOME ADDRESS: _____

City _____ State _____ Zip _____ County _____

School District _____

Municipal (City) Limits of residence: _____ % _____
_____ % _____

(If you do not reside inside any city limits, please write N/A). If more than one tax locality, please enter both localities and the percentage (%) for each.

Home Phone Number _____ Cell Phone Number _____

Email Address _____

MAILING ADDRESS: (Street or P.O. Box Address) _____

City _____ State _____ Zip _____ County _____

Municipal (City) Limits of residence: _____ % _____
_____ % _____

(If you do not reside inside any city limits, please write N/A). If more than one tax locality, please enter both localities and the percentage (%) for each.

EMPLOYMENT ADDRESS:

City _____ State _____ Zip _____ County _____

Municipal (City) Limits of residence: _____ % _____
_____ % _____

(If you do not reside inside any city limits, please write N/A). If more than one tax locality, please enter both localities and the percentage (%) for each.

EMPLOYMENT ADDRESS (if more than one work location): _____

City _____ State _____ Zip _____ County _____

Municipal (City) Limits of residence: _____ % _____
_____ % _____

(If you do not reside inside any city limits, please write N/A). If more than one tax locality, please enter both localities and the percentage (%) for each.

The State of Ohio is responsible to deduct city taxes for the city of employment.

Employee Signature

Date

ADDRESS CHANGE CHECKLIST

Below is a guideline to consider when a State of Ohio employee changes their address.

Necessities:

Complete an Address Change/Municipal Tax Liability Form and return to Agency.

List the school district name and name of city limits the new residence is within, if any.

Notification to PERS, utilize form found on PERS website listed below.

http://www.opers.org/publicationsforms/pdf_forms/F50.pdf#zoom=100. Return to PERS.

Other considerations:

Health Care enrollment is based on the zip code of the employee's residence. If the address change results in a zip code change as well, you will need to verify that you are still eligible for the health care coverage that you are currently enrolled in.

Credit Union Members need to notify the credit union of their new address as well.

Deferred Comp members need to notify the program by either sending a letter to:

Ohio Public Employees Deferred Compensation Program Customer Service Facility

257 E. Town Street

Suite 401

Columbus, Ohio 43215

Or by going online at www.ohio457.org, or calling 1-877-644-6457.

Union Members and Fair Share employees should contact their union representative to change their address.

Supplemental Life Insurance Company, if you are enrolled, should be notified.