

**RECIPIENT'S SIGNATURE (DO NOT PRINT)** 

## WASHINGTON C. H. CITY SCHOOLS

306 HIGHLAND AVENUE • WASHINGTON C. H., OHIO 43160 740-335-6620 • Fax 740-335-1245 • www.wchcs.org

## **City Income Tax Withholding Certificate**

Recipient's Name		Social Security Number			
Address					
City		State	ZIP	Phone Number	_
CITY OF	WASHINGTON C.	H. INCOME TAX			
•	An income tax of	1.95% will be withh	neld on all wages a	and remitted to the City of Washington C. H.	
•		ired contribution rat cur without notice.	te ever change, m	nodification to the employee's withholding will	
ADDITION	NAL CITY INCOM	E TAX WITHHOLD	DINGS		ø
offered to estimated tax, it is t employed desired of desires a	o our employees d payments to the the employee's e must indicate courtesy withhol	s, if requested, ra he municipality. responsibility to the municipality Iding. If the tax r	ather than an el If an employee notify the Trea and tax rate to rate changes of	withheld by the employer. This is a courtest imployee having to make quarterly expressed in a municipality with an income asurer's Office of this. At that time the of the Treasurer's Office to allow for any if such municipality and the employee is the employee's responsibility to notify	
Municipali	ity Name			Tax Rate	

DATE