

ADDRESS CHANGE/DETERMINATION OF MUNICIPAL TAX LIABILITY

Check if address is new

EMPLID _____ Name _____ Effective Date of change _____

HOME address:

Street Address _____ Home Phone Number _____
City, State, Zip _____ Cell Phone Number _____
County _____
School District _____ Email Address _____

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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.

MAILING address:

Street Address _____
City, State, Zip _____
County _____

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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:

Street Address _____
City, State, Zip _____
County _____

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Municipal (city) limits (if your office location is not 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):

Street Address _____
City, State, Zip _____
County _____

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Municipal (city) limits (if your office location is not 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

The following is a guide of things to consider a State of Ohio employee changes their address:

What is necessary:

- Complete an "Address Change/Determination of Municipal Tax Liability" form and return to Agency.

Card must contain school district name and name of city limits the new residence is within, if any. This information is very important.

- Notification to PERS, utilizing form found on PERS' website at http://www.opers.org/publicationsForms/pdf_forms/F50.pdf#zoom=100. Return form directly to PERS.

Other considerations:

Health Care enrollment is based upon the employee's county of residence or work. If the address change results in a county 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. Check with your credit union to see how notification can be accomplished.

Deferred Comp members need to notify the program by either sending a letter to:
Ohio Public Employees Deferred Compensation
Program Customer Service Facility
6085 Emerald Parkway
Dublin, OH 43016,
or by going on line at www.ohio457.org,
or by calling them at 1-877-644-6457.

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

Supplemental Life insurance company, if you are enrolled, should be notified