

# ADDRESS CHANGE/MUNICIPAL TAX LIABILITY FORM



Name: \_\_\_\_\_ SOUID: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Home Address (Do not list a PO Box unless you participate in the Safe At Home program)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

School District: \_\_\_\_\_

Municipal (City) Limits of Residence: \_\_\_\_\_

(If you do not reside inside any city limits, please write N/A)

Home phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Email address (personal): \_\_\_\_\_ Email address (work): \_\_\_\_\_

Mailing Address (If different from home): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Employment Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Address Change Checklists

Below is a guideline to consider when a State of Ohio employee changes their home address. If unsure of the municipality, check the Finder on the Ohio Taxation website:

<https://thefinder.tax.ohio.gov/StreamlineSalesTaxWeb/AddressLookup/LookupByAddress.aspx?taxType=taxsummary>

## 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 OPERS, utilize form found on OPERS website: <https://www.opers.org/forms-archive/F-50.pdf>

## Other considerations:

The State of Ohio contracts with multiple third-party administrators (TPA) to provide employees with access to medical benefits both in network and out of network. Each TPA serves a specific geographic region in Ohio based on the first three digits of the home zip code. A change in your home zip code may result in changing the assigned TPA if you are enrolled in medical coverage. Please contact your agency benefits representative with any questions.

Deferred Compensation 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, OH 43215

Or by going online at [www.ohio457.org](http://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, if enrolled, should be notified of the change of address.