

EMPLOYEE PAYROLL INFORMATION AND CHANGE FORM

(Print or Type)

EMPLOYEE NAME _____

Sign and Date at the bottom of this form.

SOCIAL SECURITY NO. _____

NEW ADDRESS

Effective Date _____

Address _____

SCHOOL DISTRICT CHANGE

Effective Date _____

Public School District of Residence _____

School District No. _____

LOCAL TAX INFORMATION - As an employee of Mifflin Township, your employer is required to deduct 1.5% taxes from your earnings for the City of Gahanna. (There are a few exceptions where this requirement may not apply). In any case, you may request, that in addition to Gahanna Tax, you may have a percentage of your earnings deducted for the entity in which you reside. The percentage would be equal to the difference between what the percentage of tax is in the entity in which you live and the City of Gahanna. We are able to withhold for RITA (Regional Income Tax Agency) who collects for several different entities as well as for the following entities:

City of Columbus - 2.0% Tax	1.5% to Gahanna	.5% to Columbus
City of Lancaster - 1.6% Tax	1.5% to Gahanna	.6% to Lancaster
City of Whitehall - 2.0% Tax	1.5% to Gahanna	.5% to Whitehall
Plain City - 1.0% Tax	1.5% to Gahanna	1.0 to Plain City

As a resident of the City of _____, I hereby request my Employer, Mifflin Township, to withhold _____% of my wages to be paid to this entity. I do understand that in addition to this tax, my employer is required to withhold 1.5% of my wages for the City of Gahanna.

NOTIFICATION TO STOP LOCAL TAX DEDUCTION

Please stop (City/Village) _____ tax deduction effective _____.

Please state reason for change: _____

DIRECT DEPOSIT INFORMATION - Direct deposits will be limited to one account. Money will be deposited into your account by Friday's Pay Date. Any necessary adjustments in your pay will be made in the following pay period.

NEWLY HIRED PARTTIME EMPLOYEES MUST HAVE DIRECT DEPOSIT

_____ I am not interested in direct deposit at this time.

_____ This is my request to stop direct deposit as indicated below:

_____ This is my request to deposit my payroll check directly into my bank account as indicated below:
(Please attach a voided check to this request)

NAME _____ SS# _____

*ABA # _____ ACCOUNT # _____

BANK _____

Signature _____

Date _____