

Name

Soc. Sec. No.

Agency

### EMPLOYEE STATEMENT FOR DETERMINATION OF MUNICIPAL TAX LIABILITY

In accordance with the directive issued in compliance with Ohio Revised Code Sec. 9.42 the following information must be furnished by each employee of the state or any of its instrumentalities.

STREET ADDRESS	MUNICIPAL LIMITS OF	PERCENT OF TIME	POST OFFICE CITY	LEAVE BLANK	
				CODE	RATE
Residence					
Places of Employment					

ADM 0328

Signature of Employee

DDX-23518

Payroll Officer