

**Galion City School District
CITY INCOME TAX WITHHOLDING FORM**

NAME: _____ S.S. #: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE NUMBER: _____

_____ I live within the Galion City limits.

_____ I live within the City of _____ and authorize the Galion City School District to withhold the City Income Tax.

_____ I do not live with any city limits.

I also understand that I must notify the Central Office if a change of address occurs.

Signature _____ Date _____