

Perry-Hocking Educational Service Center
1605 Airport Road
New Lexington, OH 43764
740-342-3502
Fax 740-342-1961

NEW EMPLOYEE/CURRENT EMPLOYEE-CHANGE OF NAME/ADDRESS/WORK LOCATION
AND/OR CITY INCOME TAX/SCHOOL DISTRICT FORM

NAME _____ Social Security # _____ - _____ - _____

Address _____ Telephone No. _____

City _____ State _____ Zip _____ Work Location _____

Name Change - Formerly _____ Effective Date _____

Public School District of residence _____ School District No. _____

Are you required to pay City Tax?

___ New Lexington (003)

___ New Concord (004)

___ Roseville (005)

___ Lancaster (006)

___ Logan (007)

___ Heath (008)

___ Athens (009)

___ Crooksville (010)

Use the space provided below if the city
tax you are required to pay is not listed:

Are you required to pay School District Tax?

___ Fairfield Union LSD -2304 (800)

___ Liberty Union-Thurston LSD-2306 (801)

___ Pickerington LSD-2307 (802)

___ Bloom-Carroll LSD-2303 (803)

___ Canal Winchester LSD-2502 (804)

___ Norwalk CSD-3904 (805)

___ Reynoldsburg CSD-2509 (806)

___ Newark CSD-4507 (807)

___ Walnut Township LSD-2308 (808)

Use the space provided below if the school district
tax you are required to pay is not listed:

NOTE: It will be your responsibility to send this form directly to the Treasurer's Office so that all records may be changed accordingly. Failure on your part to follow through on a change of address could result in your not receiving paychecks on time, contracts or other official notifications.

Signature _____ Date _____