



employers choice plus

**EMPLOYEE PROFILE**

*Please complete and fax back to (513)-755-6567 as soon as possible to ensure prompt payroll processing*

<b>Client Company Name:</b>		<b>Date:</b>	
<b>Social Security #</b>			
<b>Employee Name</b>	<b>First</b>	<b>M.I.</b>	<b>Last</b>
<b>Street Address</b>			
<b>City, State, Zip</b>			
<b>Date of Birth</b>			
<b>Home Phone #</b>			
<b>Emergency Contact</b>			
<b>Current Child Support Order</b>	<b>Yes or No - If yes, please submit a copy of the order</b>		
<b>Email address</b>			
<b>Drivers License #</b>	<b>State</b>	<b>Number</b>	<b>Exp Date</b>

I represent that the above information is true and complete to the best of my knowledge. I agree to enter into an "at will" relationship with Employers Choice Plus, Inc. or any of its affiliates under the terms and conditions as described in the Employee Handbook and any addendum that may be included. I understand that the company or I could decide to end the employment relationship at any time for any reason. The policies and benefits of Employers Choice Plus, Inc. may be changed at the discretion of the company. Any material changes will be communicated promptly through the normal methods of communication. I agree to release any information regarding the above information and to hold harmless any persons, institutions, Employers Choice Plus, Inc., any of Employers Choice Plus, Inc. affiliates, or the client from all liability in regards to the final outcome of my employment relationship. I further agree to abide by all rules, regulations, and policies of Employers Choice Plus, Inc..

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by EMPLOYER

<b>Job Title</b>	<b>Dept # (if applicable)</b>	<b>Hire Date</b>	<b>Hire Date (Client Company)</b>
<b>Re-hire? Yes or No (circle one) – If yes, please indicate original hire date:</b>			
<b>Frequency of Pay: Weekly Bi weekly Monthly</b>	<b>Pay Rate:</b>	<b>Hourly or Salary</b>	
<b>Status: Full-time Part-time Seasonal (circle one)</b>			<b>Avg hrs/wk:</b>
<b>Ohio BWC manual code:</b>			

# Form W-4 (2012)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on [www.irs.gov](http://www.irs.gov) for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; margin: 0;">2012</div>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1	<b>10</b>	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Notice to Employee**

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse, and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year, or which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
2. You may file a new certificate at anytime if the number of your exempts **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:


- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claim her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for Federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate.

If possible, file a new certificate by December 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Income tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file a Declaration of Estimated Individual Income Tax even though Ohio income tax is being withheld from their wages. This is because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file a Declaration of Estimated Individual Income Tax may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the Declaration of Estimated Individual Income Tax, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



**Employee's Withholding Exemption Certificate**

IT-4  
Rev. 12/00

Print Full Name \_\_\_\_\_ Social Security Number 

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Home Address and Zip Code \_\_\_\_\_

Public School District of Residence \_\_\_\_\_ School District No. \_\_\_\_\_

1. Personal exemption for yourself, enter "1" if claimed \_\_\_\_\_
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) \_\_\_\_\_
3. Exemptions for dependents \_\_\_\_\_
4. Add the exemptions which you have claimed above and enter total \_\_\_\_\_
5. Additional withholding per pay period under agreement with employer \_\_\_\_\_ \$ \_\_\_\_\_

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# OHIO LOCAL & SCHOOL DISTRICT TAX INFORMATION FORM

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

## LOCAL TAX WITHHOLDING INFORMATION

\*\* This information will be used to determine the amount of city (local) \*\*\* tax to be deducted from your paycheck. \*\*

It is imperative that the following information be exact as to the municipality in which you reside. The municipality is the one that you live and vote, not necessarily the name of your post office or building development. If none, enter "None" in the blank.

**I RESIDE IN THE 'TAXABLE'  
LOCALITY OF:** \_\_\_\_\_

**I RESIDE IN THE  
COUNTY OF:** \_\_\_\_\_

\*\*\* Note: the city on your mailing address is not necessarily the city of your taxable locality. For example, you may have a Gahanna mailing address and have a 'tax liability' to the City of Columbus

## STATE OF OHIO SCHOOL DISTRICT INCOME TAX INFORMATION

**I LIVE IN THE FOLLOWING OHIO SCHOOL DISTRICT:** \_\_\_\_\_

PRINT THE EXACT NAME OF THE SCHOOL DISTRICT

CODE NUMBER

SIGNATURE

DATE

<b>ADAMS COUNTY (Phone: 544-5586)</b>	
Adams County/Ohio Valley Local S.D. ....	0101
<b>ALLEN COUNTY (Phone: 222-1836)</b>	
Allen East Local S.D. ....	0201
Bath Local S.D. ....	0202
Bluffton Ex. Vil. S.D. ....	0203
Delphos City S.D. ....	0204
Elida Local S.D. ....	0205
Lima City S.D. ....	0206
Perry Local S.D. ....	0207
Shawnee Local S.D. ....	0208
Spencerville Local S.D. ....	0209
<b>ASHLAND COUNTY (Phone: 216-345-6771)</b>	
Ashland City S.D. ....	0301
Hilldale Local S.D. ....	0302
Loudonville-Perrysville Ex. Vil. S.D. ....	0303
Mapleton Local S.D. ....	0304
<b>ASHTABULA COUNTY (Phone: 576-9023)</b>	
Ashtabula Area City S.D. ....	0401
Buckeye Local S.D. ....	0402
Conneaut Area City S.D. ....	0403
Genova Area City S.D. ....	0404
Grand Valley Local S.D. ....	0405
Jefferson Area Local S.D. ....	0406
Pymatuning Valley Local S.D. ....	0407
<b>ATHENS COUNTY (Phone: 593-8001)</b>	
Alexander Local S.D. ....	0501
Athens City S.D. ....	0502
Federal Hocking Local S.D. ....	0503
Nelsonville-York City S.D. ....	0504
Trimble Local S.D. ....	0505
<b>AUGLAIZE COUNTY (Phone: 738-3422)</b>	
Minster Local S.D. ....	0601
New Bremen Local S.D. ....	0602
New Knoxville Local S.D. ....	0603
Saint Marys City S.D. ....	0604
Wapakoneta City S.D. ....	0605
Waynesfield-Goshen Local S.D. ....	0606
<b>BELMONT COUNTY (Phone: 695-9773)</b>	
Barnesville Ex. Vil. S.D. ....	0701
Bellaire City S.D. ....	0702
Bridgeport Ex. Vil. S.D. ....	0703
Martins Ferry City S.D. ....	0704
Shadyside Local S.D. ....	0705
St. Clairsville-Richland City S.D. ....	0706
Union Local S.D. ....	0707
<b>BROWN COUNTY (Phone: 378-6118)</b>	
Eastern Local S.D. ....	0801
Fayetteville-Perry Local S.D. ....	0802
Georgetown Ex. Vil. S.D. ....	0803
Ripley-Union-Lewis Local S.D. ....	0804
Western Brown Local S.D. ....	0805
<b>BUTLER COUNTY (Phone: 887-3710)</b>	
Edgewood City S.D. ....	0901
Fairfield City S.D. ....	0902
Hamilton City S.D. ....	0903
Lakota Local S.D. ....	0904
Madison Local S.D. ....	0905
Middletown City S.D. ....	0906
New Miami Local S.D. ....	0907
Ross Local S.D. ....	0908
Talawanda City S.D. ....	0909
<b>CARROLL COUNTY (Phone: 863-1170)</b>	
Brown Local S.D. ....	1001
Carrollton Ex. Vil. S.D. ....	1002

<b>CHAMPAIGN COUNTY (Phone: 653-5296)</b>	
Graham Local S.D. ....	1101
Mechanicsburg Ex. Vil. S.D. ....	1102
Triad Local S.D. ....	1103
Urbana City S.D. ....	1104
West Liberty-Salem Local S.D. ....	1105
<b>CLARK COUNTY (Phone: 325-7671)</b>	
Mad River-Groen Local S.D. ....	1201
Northwestern Local S.D. ....	1203
Northwestern Local S.D. ....	1204
Southeastern Local S.D. ....	1205
Springfield City S.D. ....	1206
Springfield Local S.D. ....	1207
Tecumseh Local S.D. ....	1202
<b>CLERMONT COUNTY (Phone: 753-3114)</b>	
Batavia Local S.D. ....	1301
Bechtel-Tate Local S.D. ....	1302
Clermont-Northeastern Local S.D. ....	1303
Felicity-Franklin Local S.D. ....	1304
Goshen Local S.D. ....	1305
Milford Ex. Vil. S.D. ....	1306
New Richmond Ex. Vil. S.D. ....	1307
West Clermont Local S.D. ....	1308
Williamsburg Local S.D. ....	1309
<b>CLINTON COUNTY (Phone: 382-6921)</b>	
Blanchester Local S.D. ....	1401
Clinton-Massie Local S.D. ....	1402
East Clinton Local S.D. ....	1403
Wilmington City S.D. ....	1404
<b>COLUMBIANA COUNTY (Phone: 424-9591)</b>	
Beaver Local S.D. ....	1501
Columbiana Ex. Vil. S.D. ....	1502
Crestview Local S.D. ....	1503
East Liverpool City S.D. ....	1504
East Palestine City S.D. ....	1505
Lectonia Ex. Vil. S.D. ....	1506
Lisbon Ex. Vil. S.D. ....	1507
Salem City S.D. ....	1508
Southern Local S.D. ....	1509
Union Local S.D. ....	1510
Wellsville Local S.D. ....	1511
<b>COSHOCTON COUNTY (Phone: 622-2924)</b>	
Coshocton City S.D. ....	1601
Ridgewood Local S.D. ....	1602
River View Local S.D. ....	1603
<b>CRAWFORD COUNTY (Phone: 562-8741)</b>	
Buckeye Central Local S.D. ....	1701
Bucyrus City S.D. ....	1702
Colonel Crawford Local S.D. ....	1703
Crestline Ex. Vil. S.D. ....	1704
Galien City S.D. ....	1705
Wynford Local S.D. ....	1706
<b>CUYAHOGA COUNTY (Phone: 524-3000)</b>	
Bay Village City S.D. ....	1801
Beachwood City S.D. ....	1802
Bedford City S.D. ....	1803
Berea City S.D. ....	1804
Brookville-Broadview Heights City S.D. ....	1806
Brooklyn City S.D. ....	1807
Chagrin Falls Ex. Vil. S.D. ....	1808
Cleveland City S.D. ....	1809
Cleveland Hts.-Univ. Hts. City S.D. ....	1810
Cuyahoga Heights Local S.D. ....	1811
East Cleveland City S.D. ....	1812
Euclid City S.D. ....	1813
Fairview Park City S.D. ....	1814

Garfield Heights City S.D. ....	1815
Independence Local S.D. ....	1816
Lakewood City S.D. ....	1817
Maple Heights City S.D. ....	1818
Mayfield City S.D. ....	1819
North Olmsted City S.D. ....	1820
North Royalton City S.D. ....	1821
Olmsted Falls City S.D. ....	1822
Orange City S.D. ....	1823
Parna City S.D. ....	1824
Richmond Heights Local S.D. ....	1825
Rocky River City S.D. ....	1826
Shaker Heights City S.D. ....	1827
Solon City S.D. ....	1828
South Euclid-Lyndhurst City S.D. ....	1829
Strongsville City S.D. ....	1830
Warrensville Heights City S.D. ....	1831
Westlake City S.D. ....	1832
<b>DARKE COUNTY (Phone: 548-4915)</b>	
Ansonia Local S.D. ....	1901
Arcanum-Butler Local S.D. ....	1902
Franklin Monroe Local S.D. ....	1903
Greenville City S.D. ....	1904
Mississinawa Valley Local S.D. ....	1905
Tri-Village Local S.D. ....	1906
Versailles Ex. Vil. S.D. ....	1907
<b>DEFIANCE COUNTY (Phone: 782-2921)</b>	
Ayersville Local S.D. ....	2001
Central Local S.D. ....	2002
Defiance City S.D. ....	2003
Hicksville Ex. Vil. S.D. ....	2004
Northeastern Local S.D. ....	2005
<b>DELAWARE COUNTY (Phone: 548-7880)</b>	
Big Walnut Local S.D. ....	2101
Buckeye Valley Local S.D. ....	2102
Delaware City S.D. ....	2103
Olemburg Local S.D. ....	2104
<b>ERIE COUNTY (Phone: 625-6274)</b>	
Berlin-Milan Local S.D. ....	2201
Huron City S.D. ....	2202
Kelleys Island Local S.D. ....	2203
Margaretta Local S.D. ....	2204
Perkins Local S.D. ....	2205
Sandusky City S.D. ....	2206
Vermilion Local S.D. ....	2207
<b>FAIRFIELD COUNTY (Phone: 653-3193)</b>	
Amanda-Clearcreek Local S.D. ....	2301
Berne Union Local S.D. ....	2302
Bloom Carroll Local S.D. ....	2303
Fairfield Union Local S.D. ....	2304
Lancaster City S.D. ....	2305
Liberty Union-Thurston Local S.D. ....	2306
Pickerington Local S.D. ....	2307
Walnut Township Local S.D. ....	2308
<b>FAYETTE COUNTY (Phone: 335-3010)</b>	
Milani Trace Local S.D. ....	2401
Washington Court House City S.D. ....	2402
<b>FRANKLIN COUNTY (Phone: 445-3750)</b>	
Bexley City S.D. ....	2501
Canal Winchester Local S.D. ....	2502
Columbus City S.D. ....	2503
Dublin City S.D. ....	2513
Gahanna-Jefferson City S.D. ....	2506
Grandview Heights City S.D. ....	2504
Groveport Madison Local S.D. ....	2507
Hamilton Local S.D. ....	2505

Hilliard City S.D. ....	2510
Plain Local S.D. ....	2508
Reynoldsburg City S.D. ....	2509
South-Western City S.D. ....	2511
Upper Arlington City S.D. ....	2512
Westerville City S.D. ....	2514
Whitehall City S.D. ....	2515
Worthington City S.D. ....	2516
<b>FULTON COUNTY (Phone: 335-1070)</b>	
Archbold-Area Local S.D. ....	2601
Evergreen Local S.D. ....	2602
Gurham Fayette Local S.D. ....	2603
Pettisville Local S.D. ....	2604
Pike-Delia-York Local S.D. ....	2605
Swanton Local S.D. ....	2606
Wauseon Ex. Vil. S.D. ....	2607
<b>GALLIA COUNTY (Phone: 446-7883)</b>	
Gallia County Local S.D. ....	2701
Gallipolis City S.D. ....	2702
<b>GAUGA COUNTY (Phone: 285-2222)</b>	
Berkshire Local S.D. ....	2801
Cardinal Local S.D. ....	2802
Chardon Local S.D. ....	2803
Kenston Local S.D. ....	2804
Ledgesport Local S.D. ....	2805
Newbury Local S.D. ....	2806
West Gauga Local S.D. ....	2807
<b>GREENE COUNTY (Phone: 372-0091)</b>	
Beavercreek Local S.D. ....	2901
Colar Cliff Local S.D. ....	2902
Fairborn City S.D. ....	2903
Greeneview Local S.D. ....	2904
Sugarcreek Local S.D. ....	2905
Xenia City S.D. ....	2906
Yellow Springs Ex. Vil. S.D. ....	2907
<b>GUERNEY COUNTY (Phone: 439-3558)</b>	
Cambridge City S.D. ....	3001
East Guernsey Local S.D. ....	3002
Rolling Hills Local S.D. ....	3003
<b>HAMILTON COUNTY (Phone: 742-2200)</b>	
Cincinnati City S.D. ....	3101
Deer Park Community City S.D. ....	3102
Finneytown Local S.D. ....	3103
Forest Hills Local S.D. ....	3104
Indian Hill Ex. Vil. S.D. ....	3106
Lockland City S.D. ....	3107
Loveland City S.D. ....	3108
Madeira City S.D. ....	3109
Mariemont City S.D. ....	3110
Mount Healthy City S.D. ....	3111
North College Hill City S.D. ....	3112
Northwest Local S.D. ....	3113
Newwood City S.D. ....	3114
Oak Hills Local S.D. ....	3115
Princeton City S.D. ....	3116
Reading Community City S.D. ....	3117
Southwest Local S.D. ....	3118
St. Bernard-Elmwood Place City S.D. ....	3119
Sycamore Community City S.D. ....	3120
Turtle Run Local S.D. ....	3121
Winton Woods City S.D. ....	3105
Wyoming City S.D. ....	3122
<b>HANCOCK COUNTY (Phone: 422-7525)</b>	
Arcadia Local S.D. ....	3201
Arlington Local S.D. ....	3202
Cory-Rawson Local S.D. ....	3203

Findlay City S.D.	3204	Springfield Local S.D.	4805	New Lexington City S.D.	6402	Tuslaw Local S.D.	7617
Liberty-Benton Local S.D.	3205	Sylvania City S.D.	4806	Norham Local S.D.	6403	<b>SUMMIT COUNTY (Phone: 945-5608)</b>	
McComb Local S.D.	3206	Toledo City S.D.	4807	Southern Local S.D.	6404	Akron City S.D.	7701
Van Buren Local S.D.	3207	Washington Local S.D.	4808	<b>PICKAWAY COUNTY (Phone: 474-7529)</b>		Barberton City S.D.	7702
Vandalia Local S.D.	3208	<b>MADISON COUNTY (Phone: 852-2174)</b>		Circleville City S.D.	6501	Copley-Fairlawn City S.D.	7703
<b>HARDIN COUNTY (Phone: 674-2288)</b>		Jefferson Local S.D.	4901	Logan Elm Local S.D.	6502	Covearty Local S.D.	7704
Ada Ex. VII. S.D.	3301	Jonathan Alder Local S.D.	4902	Teays Valley Local S.D.	6503	Cuyahoga Falls City S.D.	7705
Hardin Northern Local S.D.	3302	London City S.D.	4903	Westfall Local S.D.	6504	Green Local S.D.	7707
Kenton City S.D.	3303	Madison-Plains Local S.D.	4904	<b>PIKE COUNTY (Phone: 289-4171)</b>		Hudson Local S.D.	7708
Ridgemont Local S.D.	3304	<b>MAHONING COUNTY (Phone: 788-2481)</b>		Eastern Local S.D.	6601	Manchester Local S.D.	7706
Riverdale Local S.D.	3305	Austintown Local S.D.	5001	Scioto Valley Local S.D.	6602	Mogadore Local S.D.	7709
Upper Scioto Valley Local S.D.	3306	Boardman Local S.D.	5002	Waverly City S.D.	6603	Nordonia Hills City S.D.	7710
<b>HARRISON COUNTY (Phone: 269-2090)</b>		Campbell City S.D.	5003	Western Local S.D.	6604	Norton City S.D.	7711
Conotton Valley Union Local S.D.	3401	Casfield Local S.D.	5004	<b>PORTAGE COUNTY (Phone: 297-1436)</b>		Rovery Local S.D.	7712
Harrison Hills City S.D.	3402	Jackson-Milton Local S.D.	5005	Aurora City S.D.	6701	Springfield Local S.D.	7713
<b>HENRY COUNTY (Phone: 592-1861)</b>		Lowellville Local S.D.	5006	Crosswood Local S.D.	6702	Stow City S.D.	7714
Holgate Local S.D.	3501	Poland Local S.D.	5007	Field Local S.D.	6703	Tallmadge City S.D.	7715
Liberty Center Local S.D.	3502	Schriber Local S.D.	5008	James A. Garfield Local S.D.	6704	Twinsburg City S.D.	7716
Napoleon City S.D.	3503	South Range Local S.D.	5009	Ken City S.D.	6705	Woodridge Local S.D.	7717
Patrick Henry Local S.D.	3504	Springfield Local S.D.	5010	Ravenna City S.D.	6706	<b>TRUMBULL COUNTY (Phone: 3924480)</b>	
<b>HIGHLAND COUNTY (Phone: 393-1331)</b>		Struthers City S.D.	5011	Rootstown Local S.D.	6707	Bloomfield-Mesop Local S.D.	7801
Bright Local S.D.	3601	West Branch Local S.D.	5012	Southeast Local S.D.	6708	Bristol Local S.D.	7802
Fairfield Local S.D.	3602	Western Reserve Local S.D.	5013	Strombore City S.D.	6709	Brookfield Local S.D.	7803
Greenfield Ex. VII. S.D.	3603	Youngstown City S.D.	5014	Waterloo Local S.D.	6710	Champion Local S.D.	7804
Hillsboro City S.D.	3604	<b>MARION COUNTY (Phone: 387-6625)</b>		Windham Ex. VII. S.D.	6711	Girard City S.D.	7807
Lynchburg-Clay Local S.D.	3605	Elgin Local S.D.	5101	<b>PREBLE COUNTY (Phone: 456-1187)</b>		Howland Local S.D.	7808
<b>HOCKING COUNTY (Phone: 385-8517)</b>		Marion City S.D.	5102	College Corner Local S.D.	6801	Hubbard Ex. VII. S.D.	7809
Logan-Hocking Local S.D.	3701	Pleasant Local S.D.	5103	C.R. Coblenz Local S.D.	6802	Joseph Badger Local S.D.	7810
<b>HOLMES COUNTY (Phone: 674-1941)</b>		Ridgetown Local S.D.	5104	Eaton City S.D.	6803	LaBree Local S.D.	7811
East Holmes Local S.D.	3801	River Valley Local S.D.	5105	Preble Sharoneo Local S.D.	6804	Lakeview Local S.D.	7812
West Holmes Local S.D.	3802	<b>MEDINA COUNTY (Phone: 723-6393)</b>		Twin Valley Community Local S.D.	6805	Liberty Local S.D.	7813
<b>HURON COUNTY (Phone: 668-1638)</b>		Black River Local S.D.	5201	Tri-County North Local S.D.	6806	Lordstown Local S.D.	7814
Bellevue City S.D.	3901	Brunswick City S.D.	5202	<b>PITMAN COUNTY (Phone: 523-5951)</b>		Maplewood Local S.D.	7815
Monroeville Local S.D.	3902	Buckeye Local S.D.	5203	Columbus Grove Local S.D.	6901	Mathews Local S.D.	7806
New London Local S.D.	3903	Cloverleaf Local S.D.	5204	Continental Local S.D.	6902	McDonald Local S.D.	7816
Norwalk City S.D.	3904	Highland Local S.D.	5205	Jennings Local S.D.	6903	Newtown Falls Ex. VII. S.D.	7817
South Central Local S.D.	3905	Medina City S.D.	5206	Kalida Local S.D.	6904	Niles City S.D.	7818
Western Reserve Local S.D.	3906	Wadsworth City S.D.	5207	Leipic Local S.D.	6905	Southington Local S.D.	7819
Willard City S.D.	3907	<b>MEIGS COUNTY (Phone: 992-5592)</b>		Miller City-New Cleveland Local S.D.	6906	Warren City S.D.	7820
<b>JACKSON COUNTY (Phone: 682-7595)</b>		Eastern Local S.D.	5301	Otawa-Gladford Local S.D.	6907	Weatherfield Local S.D.	7821
Jackson City S.D.	4001	Meigs Local S.D.	5302	Otavoile Local S.D.	6908	<b>TUSCARAWAS COUNTY (Phone: 364-1242)</b>	
Oak Hill Union Local S.D.	4002	Southern Local S.D.	5303	Pandora-Gibbos Local S.D.	6909	Claymont City S.D.	7901
Wellston City S.D.	4003	<b>MERCER COUNTY (Phone: 586-6628)</b>		<b>RICHLAND COUNTY (Phone: 755-5520)</b>		Dover City S.D.	7902
<b>JEFFERSON COUNTY (Phone: 283-3347)</b>		Celina City S.D.	5401	Clear Fork Valley Local S.D.	7001	Garway Local S.D.	7903
Buckeye Local S.D.	4101	Coldwater Ex. VII S.D.	5402	Crestview Local S.D.	7002	Indian Valley Local S.D.	7904
Edison Local S.D.	4102	Fort Recovery Local S.D.	5406	Lexington Local S.D.	7003	Newcomertown Ex. VII. S.D.	7905
Indian Creek Local S.D.	4103	Marion Local S.D.	5403	Lucas Local S.D.	7004	New Philadelphia City S.D.	7906
Staubenville City S.D.	4104	Parkway Local S.D.	5405	Madison Local S.D.	7005	Strasburg-Franklin Local S.D.	7907
Toronto City S.D.	4105	St. Henry Consolidated Local S.D.	5407	Mansfield City S.D.	7006	Tuscarawas Valley Local S.D.	7908
<b>KNOX COUNTY (Phone: 393 6767)</b>		<b>MIAMI COUNTY (Phone: 332-6987)</b>		Ontario Local S.D.	7007	<b>UNION COUNTY (Phone: 614-548-7880)</b>	
Centerburg Local S.D.	4201	Bethel Local S.D.	5501	Plymouth Local S.D.	7007	Fairbents Local S.D.	8001
Danville Local S.D.	4202	Bradford Ex. VII. S.D.	5502	Shelby City S.D.	7008	Marysville Ex. VII. S.D.	8002
East Knox Local S.D.	4203	Covington Ex. VII. S.D.	5503	<b>ROSS COUNTY (Phone: 775-7229)</b>		North Union Local S.D.	8003
Fredericktown Local S.D.	4204	Miami East Local S.D.	5504	Adena Local S.D.	7101	<b>VAN WERT COUNTY (Phone: 238-4746)</b>	
Mount Vernon City S.D.	4205	Milton-Union Ex. VII. S.D.	5505	Chillicothe City S.D.	7102	Crestview Local S.D.	8101
<b>LAKE COUNTY (Phone: 357-2563)</b>		Newton Local S.D.	5506	Huntington Local S.D.	7103	Lincolnvale Local S.D.	8102
Fairport Harbor Ex. VII. S.D.	4301	Piqua City S.D.	5507	Paint Valley Local S.D.	7104	Van Wert City S.D.	8104
Kirland Local S.D.	4302	Tipp City Ex. VII. S.D.	5508	Scioto Valley Local S.D.	7105	<b>VINTON COUNTY (Phone: 596-5218)</b>	
Madison Local S.D.	4303	Troy City S.D.	5509	Union-Scioto Local S.D.	7106	Vinton County Local S.D.	8201
Mentor Ex. VII. S.D.	4304	<b>MONROE COUNTY (Phone: 472-5801)</b>		Zane Trace Local S.D.	7107	<b>WARREN COUNTY (Phone: 933-2900)</b>	
Painesville City Local S.D.	4305	Switzerland of Ohio Local S.D.	5601	<b>SANDUSKY COUNTY (Phone: 332-8214)</b>		Carlisle Local	8301
Painesville Township Local S.D.	4306	<b>MONTGOMERY COUNTY (Phone: 225-4598)</b>		Clyde-Green Springs Ex. VII. S.D.	7201	Franklin City S.D.	8304
Perry Local S.D.	4307	Brontville Local S.D.	5701	Fremont City S.D.	7202	Kings Local S.D.	8303
Wickliffe City S.D.	4308	Centerville City S.D.	5702	Gibsonburg Ex. VII. S.D.	7203	Lebanon City S.D.	8305
Willoughby-Eastlake City S.D.	4309	Dexter City S.D.	5703	Lakota Local S.D.	7204	Little Miami Local S.D.	8306
<b>LAWRENCE COUNTY (Phone: 532-4223)</b>		Hunter Heights City S.D.	5715	Woodmore Local S.D.	7205	Mason City S.D.	8307
Chesapeake Union Ex. VII. S.D.	4401	Jefferson Township Local S.D.	5704	<b>SCIOTO COUNTY (Phone: 354-7761)</b>		Springboro Community City S.D.	8302
Dawson-Bryant Local S.D.	4402	Kettering City S.D.	5705	Bloom-Vernon Local S.D.	7301	Wynne Local S.D.	8308
Fairland Local S.D.	4403	Mad River Local S.D.	5706	Clay Local S.D.	7302	<b>WASHINGTON COUNTY (Phone: 373-6669)</b>	
Ironton City S.D.	4404	Miamishaw City S.D.	5707	Green Local S.D.	7303	Belpre City S.D.	8401
Rock Hill Local S.D.	4405	New Lebanon Local S.D.	5708	Minford Local S.D.	7304	Fort Frye Local S.D.	8402
South Point Local S.D.	4406	Northmont City S.D.	5709	New Boston Local S.D.	7305	Frontier Local S.D.	8403
Symmer Valley Local S.D.	4407	Northridge Local S.D.	5710	Northwest Local S.D.	7306	Marietta City S.D.	8404
<b>LICKING COUNTY (Phone: 349-6084)</b>		Oakwood City S.D.	5711	Portsmouth City S.D.	7307	Warren Local S.D.	8405
Granville Ex. VII. S.D.	4501	Tenwood-Madison City S.D.	5712	Valley Local S.D.	7308	Wolf Creek Local S.D.	8406
Heath City S.D.	4502	Valley View Local S.D.	5713	Washington-Nile Local S.D.	7309	<b>WAYNE COUNTY (Phone: 345-6771)</b>	
Johnstown-Moore Local S.D.	4503	Vandalia-Butler City S.D.	5714	Wheelersburg Local S.D.	7310	Chippewa Local S.D.	8501
Lakewood Local S.D.	4504	West Carrollton City S.D.	5716	<b>BERNECA COUNTY (Phone: 447-2927)</b>		Delton Local S.D.	8502
Licking Heights Local S.D.	4505	<b>MORGAN COUNTY (Phone: 962-2377)</b>		Betsville Local S.D.	7401	Groom Local S.D.	8503
Licking Valley Local S.D.	4506	Morgan Local S.D.	5801	Forestoria City S.D.	7402	North Central Local S.D.	8504
Newark City S.D.	4507	<b>MORROW COUNTY (Phone: 946-7070)</b>		Hopewell-London Local S.D.	7403	Northwesterns Local S.D.	8505
North Fork Local S.D.	4508	Cardington-Lincoln Local S.D.	5901	New Rispa Local S.D.	7404	Orville City S.D.	8506
Northridge Local S.D.	4509	Highland Local S.D.	5902	Old Fort Local S.D.	7405	Rittman Ex. VII. S.D.	8507
Southwest Licking Local S.D.	4510	Mount Gilead Ex. VII. S.D.	5903	Semeca East Local S.D.	7406	Southeast Local S.D.	8508
<b>LOGAN COUNTY (Phone: 599-5195)</b>		Northmor Local S.D.	5904	Tiffin City S.D.	7407	Triway Local S.D.	8509
Bellefontaine City S.D.	4601	<b>MUSKINGUM COUNTY (Phone: 452-4518)</b>		<b>SHELBY COUNTY (Phone: 498-1354)</b>		Woooster City S.D.	8510
Benjamin Logan Local S.D.	4602	East Muskingum Local S.D.	6001	Anna Local S.D.	7501	<b>WILLIAMS COUNTY (Phone: 636-5078)</b>	
Indian Lake Local S.D.	4603	Franklin Local S.D.	6002	Botkins Local S.D.	7502	Bryan City S.D.	8601
Riverside Local S.D.	4604	Madison Local S.D.	6003	Fairlawn Local S.D.	7503	Edgerton Local S.D.	8602
<b>LORAIN COUNTY (Phone: 323-7518)</b>		Tri-Valley Local S.D.	6004	Fort Loramie Local S.D.	7504	Eaton-Northwest Local S.D.	8603
Amherst Ex. VII. S.D.	4701	West Muskingum Local S.D.	6005	Hardin-Housson Local S.D.	7505	Millcreek-West Unity Local S.D.	8604
Avon Lake City S.D.	4702	Zanesville City S.D.	6006	Jackson Center Local S.D.	7506	Montpelier Ex. VII. S.D.	8605
Avon Local S.D.	4703	<b>NOBLE COUNTY (Phone: 732-3084)</b>		Jackson Local S.D.	7507	North Central Local S.D.	8606
Clearview Local S.D.	4704	Caldwell Ex. VII. S.D.	6101	Sidney City S.D.	7508	Stryker Local S.D.	8607
Columbia Local S.D.	4705	Noble Local S.D.	6102	<b>STARBUCK COUNTY (Phone: 492-8136)</b>		<b>WOOD COUNTY (Phone: 354-9010)</b>	
Elyria City S.D.	4706	<b>OTTAWA COUNTY (Phone: 898-1318)</b>		Alliance City S.D.	7601	Bowling Green City S.D.	8701
Firelands Local S.D.	4707	Benton-Carroll-Salem Local S.D.	6201	Canon City S.D.	7602	Eastwood Local S.D.	8702
Keystone Local S.D.	4708	Danbury Local S.D.	6202	Canon Local S.D.	7603	Elmwood Local S.D.	8703
Lorain City S.D.	4709	Genoa Area Local S.D.	6203	Fairfax Local S.D.	7604	Lake Local S.D.	8704
Midview Local S.D.	4710	Middle Bass Local S.D.	6204	Jackson Local S.D.	7605	North Baltimore Local S.D.	8705
North Ridgeville City S.D.	4711	North Bass Local S.D.	6205	Lake Local S.D.	7606	Northwood Local S.D.	8706
Oberlin City S.D.	4712	Port Clinton City S.D.	6206	Louisville City S.D.	7607	Osgo Local S.D.	8707
Sheffield-Sheffield Lake City S.D.	4713	Put-In-Bay Local S.D.	6207	Martinsburg Local S.D.	7608	Perryburg Ex. VII. S.D.	8708
Wellington Ex. VII S.D.	4715	<b>PAULDING COUNTY (Phone: 399-4711)</b>		Massillon City S.D.	7609	Rosford Ex. VII. S.D.	8709
<b>LUCAS COUNTY (Phone: 245-4150)</b>		Ashterw Local S.D.	6301	Minerva Local S.D.	7610	<b>WYANDOT COUNTY (Phone: 447-2927)</b>	
Anthony Wayne Local S.D.	4801	Paulding Ex. VII. S.D.	6302	North Canton City S.D.	7611	Carey Ex. VII. S.D.	8801
Maumee City S.D.	4802	Wayne Trace Local S.D.	6303	Northwest Local S.D.	7612	Mohawk Local S.D.	8802
Oregon City S.D.	4803	<b>FERRY COUNTY (Phone: 342-3502)</b>		Onaway Local S.D.	7613	Upper Sandusky Ex. VII. S.D.	8803
Ottawa Hills Local S.D.	4804	Crookville Ex. VII S.D.	6401	Perry Local S.D.	7614		
				Plain Local S.D.	7615		
				Sandy Valley Local S.D.	7616		



**Form I-9, Employment  
Eligibility Verification**Department of Homeland Security  
U.S. Citizenship and Immigration Services**Instructions****Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

**What Is the Purpose of This Form?**

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

**When Should Form I-9 Be Used?**

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

**Filling Out Form I-9****Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

**Preparer/Translator Certification**

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

**Section 2, Employer**

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

**Employers must record in Section 2:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

**For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."**

### **Section 3, Updating and Reverification**

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  - 2. Record the document title, document number, and expiration date (if any) in Block C; and
  - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

#### **What Is the Filing Fee?**

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

#### **USCIS Forms and Information**

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

#### **Photocopying and Retaining Form I-9**

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

#### **Privacy Act Notice**

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - *month/day/year*)

Employee's Signature	Date <i>(month/day/year)</i>
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**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

**Section 2. Employer Review and Verification** *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. **(State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

**Section 3. Updating and Reverification** *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Hire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<b>OR</b>		<b>AND</b>
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	<b>For persons under age 18 who are unable to present a document listed above:</b>	8. Employment authorization document issued by the Department of Homeland Security
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

Print Full Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Print Home Address \_\_\_\_\_

EMPLOYEE:

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

File this form with your employer. Otherwise, Kentucky income tax must be withheld from your wages.

1. If SINGLE, and you claim an exemption, enter "1," if you do not, enter "0" \_\_\_\_\_
2. If MARRIED, one exemption each for you and spouse if not claimed on another certificate.
  - (a) If you claim both of these exemptions, enter "2" \_\_\_\_\_
  - (b) If you claim one of these exemptions, enter "1" \_\_\_\_\_
  - (c) If you claim neither of these exemptions, enter "0" \_\_\_\_\_
3. Exemptions for age and blindness (applicable only to you and your spouse but not to dependents):
  - (a) If you or your spouse will be 65 years of age or older at the end of the year, and you claim this exemption, enter "2"; if both will be 65 or older, and you claim both of these exemptions, enter "4" \_\_\_\_\_
  - (b) If you or your spouse are blind, and you claim this exemption, enter "2"; if both are blind, and you claim both of these exemptions, enter "4" \_\_\_\_\_
4. If you claim exemptions for one or more dependents, enter the number of such exemptions \_\_\_\_\_
5. National Guard exemption (see instruction 1) \_\_\_\_\_
6. Exemptions for Excess Itemized Deductions (Form K-4A) \_\_\_\_\_
7. Add the number of exemptions which you have claimed above and enter the total \_\_\_\_\_
8. Additional withholding per pay period under agreement with employer. See instruction 1 \_\_\_\_\_ \$ \_\_\_\_\_

EMPLOYER:

Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the Department of Revenue should be so advised.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date \_\_\_\_\_

Signed \_\_\_\_\_

INSTRUCTIONS

**1. NUMBER OF EXEMPTIONS**—Do not claim more than the correct number of exemptions. However, if you have unusually large amounts of itemized deductions, you may claim additional exemptions to avoid excess withholding. You may also claim an additional exemption if you will be a member of the Kentucky National Guard at the end of the year. If you expect to owe more income tax for the year than will be withheld, you may increase the withholding by claiming a smaller number of exemptions or you may enter into an agreement with your employer to have additional amounts withheld. If you claim more than 10 exemptions this information is sent to the Department of Revenue.

**2. CHANGES IN EXEMPTIONS**—You may file a new certificate at any time if the number of your exemptions **INCREASES**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **DECREASES** for any of the following reasons.

- (a) You are divorced or legally separated from your spouse for whom you have been claiming an exemption or your spouse claims his or her own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else, so that you no longer expect to furnish more than half the support for the year.
- (c) Your itemized deductions substantially decrease and a Form K-4A has previously been filed.

**OTHER DECREASES** in exemption, such as the death of a spouse or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

**3. DEPENDENTS**—To qualify as your dependent (line 4 on reverse), a person (a) must receive more than one-half of his or her support from you for the year, and (b) must not be claimed as an exemption by such person's spouse, and (c) must be a citizen of the United States, or a resident of the United States, Canada, or Mexico, or (d) must have lived with you for the entire year as a member of your household or be related to you as follows:

- your child, stepchild, legally adopted child, foster child (if he lived in your home as a member of the family for the entire year), grandchild, son-in-law, or daughter-in-law;
- your father, mother, or ancestor of either, stepfather, stepmother, father-in-law, or mother-in-law;
- your brother, sister, stepbrother, stepsister, brother-in-law, or sister-in-law;
- your uncle, aunt, nephew, or niece (but only if related by blood).

**4. PENALTIES**—Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemption.





Form WH-4  
SF 48845  
Revised 7-99

### State of Indiana Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.  
The completed form should be returned to your employer.

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Indiana County of Residence as of January 1: \_\_\_\_\_ (See instructions)

Indiana County of Principal Employment as of January 1: \_\_\_\_\_ (See instructions)

**How to Claim Your Withholding Exemptions**

1. Each taxpayer is entitled to one exemption. If you wish to claim the exemption, enter "1"..... \_\_\_\_\_
2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1"..... \_\_\_\_\_
3. You are allowed one (1) exemption for each dependent. Enter number claimed . Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or (b) if you and/or your spouse are legally blind. Check box(es) for additional exemptions: You are 65 or older  or blind  Spouse is 65 or older  or blind  Number of boxes checked . (See instructions) Enter the total number of exemptions..... \_\_\_\_\_
4. Add lines 1, 2, and 3. Enter the total here.....▶
5. You are entitled to claim an additional exemption for each qualifying dependent (see instructions).....▶
6. Enter the amount of additional state withholding (if any) you want withheld each pay period.....\$ \_\_\_\_\_

I hereby declare that to the best of my knowledge the above statements are true.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, social security number and home address on the appropriate lines of the Form WH-4. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you did not live or work in Indiana on January 1 of the current year, enter "not applicable" on the line(s). Your county tax withholding is based first on the county where you lived on January 1. If that county has adopted a county income tax, then you are subject to that county's resident tax rate on your earnings for the rest of the year or until you are no longer an Indiana resident. If the county in which you lived has not adopted a county income tax, then you are subject to the nonresident tax rate of the county in which you were employed on January 1 of the current tax year. If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state and federal guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than \$1,000 gross income during the tax year (unless the person is your child and is under age 19 or under age 24 and a full-time student at least during 5 months of the tax year at a qualified educational institution). Additional Exemptions: You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind up to a maximum of four (4) additional exemptions. Enter the total number of dependents and additional exemptions claimed on the line provided.

Line 4 - Add the total of exemptions claimed on lines 1, 2, and 3. Enter the total in the box provided.

Line 5 - Additional Dependent Exemption: An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter and/or foster child. Enter the total in the box provided.

Line 6 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. **NOTE:** An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions **increases**. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:

- (a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4;
- (b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year; or
- (c) the person who you claim as an exemption will receive more than \$1,000 of income during the tax year.

Penalties are imposed for willingly supplying false information or information which would reduce the withholding exemption.