



**VOLUNTARY LOCAL INCOME TAX WITHHOLDING
ELECTION FORM**

Employee Name: _____

Rocket Number: _____

Department: _____

Extension: _____

AVAILABLE CITY LOCATIONS (Please select your city of residence)

City	Rate	% Rate	% WH	
<input type="checkbox"/> 507 Bowling Green	Half	2.0	1.0	
<input type="checkbox"/> 512 Brook Park	Full	2.0	2.0	
<input type="checkbox"/> 513 Elyria	Full	1.75	1.75	
<input type="checkbox"/> 699 Maumee	Full	1.5	1.5	
<input type="checkbox"/> 511 Oregon	none	2.25	0.00	100% Toledo Credit
<input type="checkbox"/> 509 Ottawa Hills	Half	1.5	.75	
<input type="checkbox"/> 506 Perrysburg	Half	1.5	.75	Perrysburg gives 50% credit
<input type="checkbox"/> 514 Swanton	Full	1.50	1.50	
<input type="checkbox"/> 508 Waterville	Half	2.0	1.0	
<input type="checkbox"/> Sylvania	none	1.5	0	give 100% credit

NOTE: The above city locations are the only ones available for voluntary local income tax withholding.

STATEMENT OF AUTHORIZATION:

I hereby authorize The University of Toledo Payroll Department to withhold local income tax for the city where I reside as selected above based on the tax rate specified above. I understand that this withholding will remain in effect until I notify the Payroll Department in writing of my intentions to discontinue the voluntary withholding. I understand this has no effect on withholding for the city where I work which will be withheld at the full rate.

Signature

Date

Please send the signed form to: Payroll Department
Mail Stop: 975
2801 W Bancroft St.
Toledo, OH 43606

Phone: (419) 530-8780
Fax: (419) 530-8787
Email: Payroll@utoledo.edu