

NAME/ADDRESS CHANGE FORM

OLD Name _____
Address _____
City _____ State _____ Zip _____

NEW Name _____
Address _____
City _____ State _____ Zip _____
Phone Number _____

Effective Date of Change _____

Does this address change affect your local income tax? _____

I am no longer liable for _____ local income tax

I am now liable for _____ local income tax

The percent of tax is _____

Signature _____ Date _____

***Please forward to Payroll Department
Niles City School District
Treasurer's Office
309 N. Rhodes Avenue
Niles, Ohio 44446***