

West Branch Local School District
14277 Main St
Beloit, OH 44609

PLEASE RETURN THIS FORM TO THE TREASURER'S OFFICE

CHANGE OF ADDRESS

SSN: _____

Name: _____

New Address: _____

City and Zip Code: _____

Phone Number: _____

School District of Residence: _____

PLEASE CHECK

Federal Tax: _____ Leave the same
_____ Change (please ask for a form)

State Tax: _____ Leave the same
_____ Change (please ask for a form)

City Tax: (Circle One)
YES OR NO
_____ City

Effective Date: _____

Employee Signature: _____