

# GREEN LOCAL BOARD OF EDUCATION

## MUNICIPAL INCOME TAX

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

EMPLOYEE ID \_\_\_\_\_

Do you live within [any] city limits in which you are required to pay city income tax?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If no, please sign and return this form to the Treasurer's office. You **WILL** be required to pay Green City Tax.

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

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If yes, please provide the name of the city \_\_\_\_\_ and check one of the options below.

\_\_\_\_\_ I authorize Green Local School District to deduct municipal income tax from my salary.

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

