

Colonel Crawford Local School District

Payroll Information

Name _____

Address _____

Social Security Number _____

Ohio Certification/Credential ID _____

School District of Residence _____ OSDI # _____

County of Residence _____

Phone Number _____

Please complete one of the following:

I pay City Income Tax to the City of _____

I am not affected by City Income Tax _____

Birth Date _____ First Date on Payroll _____

Gender _____ Marital Status _____ Single _____ Married