State of Ohio
Department of Administrative Services
ADM 6307 Rev. 11-07

AUTHORIZATION FOR PAYROLL DEDUCTION

Employee Name _____
Last First Middle

I hereby authorize the State of Ohio to make the following Deduction from my earnings:

☑ City Income Tax

DEDUCT: % or Amount _____ Effective Date _____

PAYABLE TO: _____ Deduction Code _____

Employee Signature _____