

Geauga County Auditor Payroll Dept.
Municipal Tax Change Form

Name: _____

SS#: _____

Residence Community: _____
(include City, Village, Township)

Work Community: _____
(include City, Village, Township)

I (do) (do not) want Municipal Residence Tax withheld from my paycheck.

Signature: _____

Date: _____

NOTE: CCA and RITA are the only tax collection agencies we are working with for automatic deduction at this time. It is your responsibility to notify the Payroll Department and your department head/payroll clerk of any changes in your residence and work communities.