

**COSHOCTON COUNTY AUDITOR**  
GRANT K. DAUGHERTY  
349 MAIN STREET  
COSHOCTON, OH 43812  
740-622-1243

**CITY INCOME TAX LIABILITY**

NAME \_\_\_\_\_ S.S. NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

RESIDENCE (CHECK ONE)

\_\_\_\_\_ WITHIN COSHOCTON CORP LIMITS

\_\_\_\_\_ OUTSIDE CITY LIMITS

OFFICE LOCATION (CHECK ONE)

\_\_\_\_\_ WITHIN COSHOCTON CORP LIMITS

\_\_\_\_\_ OUTSIDE CITY LIMITS

JOB DUTIES PERFORMED (CHECK ONE)

\_\_\_\_\_ WITHIN COSHOCTON CORP LIMITS

\_\_\_\_\_ OUTSIDE CITY LIMITS

DO YOU RESIDE IN A CITY WHERE YOU HAVE TO PAY ADDITIONAL CITY TAXES?  
IF SO, PLEASE LIST THE CITY \_\_\_\_\_

DO YOU RESIDE IN A SCHOOL DISTRICT THAT REQUIRES A SCHOOL DISTRICT  
INCOME TAX TO BE WITHHELD?  
IF SO, NAME OF SCHOOL DISTRICT \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE