

# COSHOCTON COUNTY AUDITOR

GRANT K. DAUGHERTY  
349 MAIN STREET, RM 101  
COSHOCTON, OH 43812  
740-622-1243

DATE:

TO: SUE MCINERNEY, PAYROLL CLERK  
AUDITOR'S OFFICE

FROM:

SUBJECT: NEW EMPLOYEE, FULL TIME/RE-HIRE

NAME: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_

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

RATE:\$ \_\_\_\_\_ PER HOUR

RATE:\$ \_\_\_\_\_ BI-WEEKLY

## THE FOLLOWING ARE REQUIRED BEFORE A PAYCHECK WILL BE ISSUED.

- W-4 FEDERAL WITHHOLDING FORM
- IT-4 STATE WITHHOLDING FORM
- CITY INCOME TAX LIABILITY FORM
- I-9 EMPLOYMENT ELIGIBILITY VERIFICATION
- DRIVER'S LICENSE (CURRENT)
- OPERS PERSONAL HISTORY FORM (OR STRS)
- OHIO NEW HIRE REPORTING FORM
- ACKNOWLEDGEMENT OF FRAUD REPORTING SYSTEM
- SR-6 (ONLY IF **RETIRED** FROM OPERS) PLEASE LET SUE KNOW IF THIS APPLIES
- DIRECT DEPOSIT FORM (EVEN IF IT IS THE SAME ACCOUNT AS BEFORE) Required as of 1/1/18
- CERTIFICATION LETTER

## THE FOLLOWING ARE OPTIONAL IF DESIRED

- OHIO DEFERRED COMPENSATION **FULL TIME EMPLOYEES ONLY**
- CCAO DEFERRED COMPENSATION **FULL TIME EMPLOYEES ONLY**
- CREDIT UNION – **MUST BE A MEMBER**, SEND PAYROLL DEPT. AMOUNT OF DEDUCTION IN WRITING

\*\*BROOKE ALVERSON HANDLES THE INSURANCE FORMS

# Employee's Withholding Certificate

# 2024

Department of the Treasury  
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:** Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

**Multiple Jobs or Spouse Works** Do only one of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional):</b> Other Adjustments	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**Step 5:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Sign Here**

\_\_\_\_\_  
Employee's signature (This form is not valid unless you sign it.)

\_\_\_\_\_  
Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b) – Multiple Jobs Worksheet** (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . 1 \$ \_\_\_\_\_
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . 2a \$ \_\_\_\_\_
  - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . 2b \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 2c \$ \_\_\_\_\_
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . 3 \_\_\_\_\_
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . 4 \$ \_\_\_\_\_

**Step 4(b) – Deductions Worksheet** (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . 1 \$ \_\_\_\_\_
- 2 Enter: {
  - \$29,200 if you're married filing jointly or a qualifying surviving spouse
  - \$21,900 if you're head of household
  - \$14,600 if you're single or married filing separately
 } . . . . . 2 \$ \_\_\_\_\_
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . 5 \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



**Department of  
Taxation**

IT 4  
Rev. 01/24

**Employee's Withholding Exemption Certificate**

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. **Your employer may require you to complete this form electronically.**

**Section I: Personal Information**

Employee Name:	Employee SSN:
Address, city, state, ZIP code:	
School district of residence (See <i>The Finder</i> at tax.ohio.gov):	School district number (####):

**Section II: Claiming Withholding Exemptions**

1. Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1" .....
2. Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1" .....
3. Number of dependents .....
4. Total withholding exemptions (sum of line 1, 2, and 3) .....
5. Additional Ohio income tax withholding per pay period (optional) .....\$

**Section III: Withholding Waiver**

I am **not** subject to Ohio or school district income tax withholding because (check all that apply):

- I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.
- I am a resident military servicemember who is stationed outside Ohio on active duty military orders.
- I am a nonresident military servicemember who is stationed in Ohio due to military orders.
- I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.
- I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).

**Section IV: Signature (required)**

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information is true, correct and complete.

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

## IT 4 Instructions

Most individuals are subject to Ohio income tax on their wages, salaries, or other compensation. To ensure this tax is paid, employers maintaining an office or transacting business in Ohio must withhold Ohio income tax, and school district income tax if applicable, from each individual who is an employee.

Such employees who are subject to Ohio income tax (and school district income tax, if applicable) should complete sections I, II, and IV of the IT 4 to have their employer withhold the appropriate Ohio taxes from their compensation. If the employee does not complete the IT 4 and return it to his/her employer, the employer:

- Will withhold Ohio tax based on the employee claiming **zero exemptions**, and
- **Will not** withhold school district income tax, even if the employee lives in a taxing school district.

An individual may be subject to an interest penalty for underpayment of estimated taxes (on form IT/SD 2210) based on under-withholding.

Certain employees may be **exempt** from Ohio withholding because their income is not subject to Ohio tax. Such employees should complete sections I, III, and IV of the IT 4 **only**.

**The IT 4 does not need to be filed with the Department of Taxation.** Your employer must maintain a copy as part of its records.

R.C. 5747.06(A) and Ohio Adm.Code 5703-7-10.

### Section I

Enter the four-digit school district number of your primary address. If you do not know your school district of residence or its school district number, use *The Finder* at [tax.ohio.gov](http://tax.ohio.gov). You can also verify your school district by contacting your county auditor or county board of elections.

If you move during the tax year, complete an updated IT 4 immediately reflecting your new address and/ or school district of residence.

### Section II

**Line 1:** If you can be claimed on someone else's Ohio income tax return as a dependent, then you are to enter "0" on this line. Everyone else may enter "1".

**Line 2:** If you are single, enter "0" on this line. If you are married and you and your spouse file separate Ohio Income tax returns as "Married filing Separately" then enter "0" on this line.

**Line 3:** You are allowed one exemption for each dependent. Your dependents for Ohio income tax purposes are the same as your dependents for federal income tax purposes. See R.C. 5747.01(O).

**Line 5:** If you expect to owe more Ohio income tax than the amount withheld from your compensation, you can request that your employer withhold an additional amount of Ohio income tax. This amount should be reported in whole dollars.

**Note:** If you do not request additional withholding from your compensation, you may need to make estimated income tax payments using form IT 1040ES or estimated school district income tax payments using the SD 100ES. Individuals who commonly owe more in Ohio income taxes than what is withheld from their compensation include:

- Spouses who file a joint Ohio income tax return and both report income, and
- Individuals who have multiple jobs, all of which are subject to Ohio withholding.

### Section III

This section is for individuals whose income is deductible or excludable from Ohio income tax, and thus employer withholding is not required. Such employee should check the appropriate box to indicate which exemption applies to him/her. Checking the box will cause your employer to not withhold Ohio income tax and/or school district income tax. The exemptions include:

- **Reciprocity Exemption:** If you are a resident of Indiana, Kentucky, Pennsylvania, Michigan or West Virginia and you work in Ohio, you do not owe Ohio income tax on your compensation. Instead, you should have your employer withhold income tax for your resident state. R.C. 5747.05(A)(2).
- **Resident Military Servicemember Exemption:** If you are an Ohio resident and a member of the United States Army, Air Force, Navy, Marine Corps, or Coast Guard (or the reserve components of these branches of the military) or a member of the National Guard, you do not owe Ohio income tax or school district income tax on your active duty military pay and allowances received while stationed outside of Ohio.

This exemption does not apply to compensation for nonactive duty status or received while you are stationed in Ohio.

R.C. 5747.01(A)(21).

- **Nonresident Military Servicemember Exemption:** If you are a nonresident of Ohio and a member of the uniformed services (as defined in 10 U.S.C. §101), you do not owe Ohio income tax or school district income tax on your military pay and allowances.

- **Nonresident Civilian Spouse of a Military Servicemember Exemption:** If you are the civilian spouse of a military servicemember, your pay may be exempt from Ohio income tax and school district income tax if all of the following are true:

- Your spouse is stationed in Ohio on military orders; and
- You are present in Ohio solely to be with your spouse.

You **must** provide a copy of the employee's spousal military identification card issued to the employee by the Department of Defense when completing the IT 4.

As of 12/7/20 this new version of the IT 4 combines and replaces the following forms: IT 4 (previous version), IT 4NR, IT 4 MIL, and IT MIL SP.

Note: For more information on taxation of military servicemembers and their civilian spouses, see 50 U.S.C.A. 4001 and [tax.ohio.gov/military](http://tax.ohio.gov/military).

- Statutory Withholding Exemptions: Compensation earned in any of the following circumstances is not subject to Ohio income tax or school district income tax withholding:
  - Agricultural labor (as defined in 26 U.S.C. §3121(g));
  - Domestic service in a private home, local college club, or local chapter of a college fraternity or sorority;
  - Services performed by an employee who is regularly employed by an employer to perform such service if she or he earns less than \$300 during a calendar quarter;

- Newspaper or shopping news delivery or distribution directly to a consumer, performed by an individual under the age of 18;
- Services performed for a foreign government or an international organization; and
- Services performed outside the employer's trade or business if paid in any medium other than cash.

\*These exemptions are not common.

Note: While the employer is not required to withhold on these amounts, the income is still subject to Ohio income tax and school district income tax (if applicable). As such, you may need to make estimated income tax payments using form IT 1040ES and/or estimated school district income tax payments using form SD 100ES.

See R.C. 5747.06(A)(1) through (6).



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 WORK/RESIDE IN A CITY WHERE YOU HAVE TO PAY ADDITIONAL CITY TAXES?

IF SO, PLEASE LIST THE CITY \_\_\_\_\_  work  reside

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



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR		Form I-94 Admission Number	OR	
					Foreign Passport Number and Country of Issuance	
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

Document Title	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<b>Additional Information</b>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name | Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <b>Section 7</b> and <b>Section 13</b> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List B document.</li> </ul>	AND	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List C document.</li> </ul>

\*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

**OPERS PERSONAL HISTORY FORM**

**COSHOCTON COUNTY - 204500**

Please enter the following information to add an employee to this form (**BOLD** indicates a required field).

**Employee Information**

**SSN**

-  -

**Is this an elected official position?**

- Yes  
 No

**First Name**

**Middle Initial**

**Last Name**

**Suffix**

**Gender**

**Date of Birth (mm/dd/yyyy)**

/  /

**Salary Begin Date (mm/dd/yyyy)**

/  /

**Is this a law enforcement position?**

- Yes       Full Time  
 No         Part Time

**Does this position require Fire Fighter training?** ?

- Yes  
 No

**Street Address Line 1**

**Street Address Line 2**

**Street Address Line 3**

**US Address**

**Non-US Address**

**City**

**State**

**Zip Code**

-

**Email Address**

**REHIRED FROM OPERS YES OR NO**

Ohio Department of Job and Family Services  
**OHIO NEW HIRE REPORTING**

Ohio Revised Code sections 3121.89 to 3121.8910 require all Ohio employers, both public and private, to report all contractors and newly hired employees to the state of Ohio within 20 days of the contract or hire date. Information about new hire reporting and online reporting is available on our website: [www.oh-newhire.com](http://www.oh-newhire.com)

Send completed forms to:  
Ohio New Hire Reporting Center  
P.O. Box 15309  
Columbus, OH 43215-0309  
Fax: (614) 221-7088 or Toll-Free Fax: (888) 872-1611

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A B C 1 2 3

**EMPLOYER INFORMATION**

Federal Employer ID Number (FEIN) (Please use the same FEIN as the listed employee's quarterly wages will be reported under)

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employer Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employer Address (Please indicate the address where the Income Withholding Order should be sent)


Employer City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employer State

--	--

Employer Zip Code

--	--	--	--	--	--

Employer Phone (Optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Extension

--	--	--	--

Employer Fax (Optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employer E-mail

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**EMPLOYEE OR CONTRACTOR INFORMATION**

Social Security Number (SSN)

									-																
--	--	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Check here if using FEIN for the Contractor)

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Initial

--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

ZIP Code

--	--	--	--	--	--

Date of Hire

--	--	--	--	--	--	--	--

Date of Birth

--	--	--	--	--	--	--	--

Is this a Contractor?  Yes  No

Date payments will begin for Contractor

--	--	--	--	--	--	--	--

Length of time the Contractor will be performing services

--	--

months

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING  
If you have questions call us at (614) 221-5330 or toll-free (888) 872-1490

**Acknowledgment of receipt of Auditor of State fraud reporting system information**

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below, you are acknowledging Coshocton County provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud reporting system.

I \_\_\_\_\_, have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

\_\_\_\_\_  
PRINT NAME, TITLE, AND DEPARTMENT

\_\_\_\_\_  
PLEASE SIGN NAME

\_\_\_\_\_  
DATE

The Ohio Auditor of State's office maintains a system for the reporting of fraud, including misuse of public money by any official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll-free number, the Auditor of State's website, or through the United States mail.

Auditor of State's fraud contact information:  
Telephone: 1-866-FRAUD OH (1-866-372-8364)  
US Mai: Ohio Auditor of State's Office  
Special Investigations Unit  
88 East Broad Street  
PO Box 1140  
Columbus, OH 43215  
Web: [www.ohioauditor.gov](http://www.ohioauditor.gov)

Link to ORC Sec 124.341: <http://codes.ohio.gov/ORC/124.341>

# DIRECT DEPOSIT SIGN-UP FORM

Name (Printed) \_\_\_\_\_ Payroll Number \_\_\_\_\_ - \_\_\_\_\_

Preferred Email (to receive your direct deposit check stub) \_\_\_\_\_

\*\* The password to open the check stub is the last four digits of your S. S. number \*\*

To ensure correct transactions I have advised the receiving financial institution of my intention to start direct depositing of my pay and the institution confirms to me the following numbers are to be used in the ACH/electronic transfer:

Financial Institution Name \_\_\_\_\_

Routing/ABA Number \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account (check one) \_\_\_\_\_ Checking \_\_\_\_\_ Savings

**\*\*\* Please attach a VOIDED check for **CHECKING** or a bank document for **SAVINGS**.**

The authority is to remain in full force until Coshocton County Payroll Clerk has received written notification from me of its termination in such timely manner as to afford Coshocton County and the Financial Institution a reasonable opportunity to act on it.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE CHECK ONE:**

New enrollment \_\_\_\_\_

Change of: Banking Institution \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type \_\_\_\_\_



# OHIO DEFERRED COMPENSATION

OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM

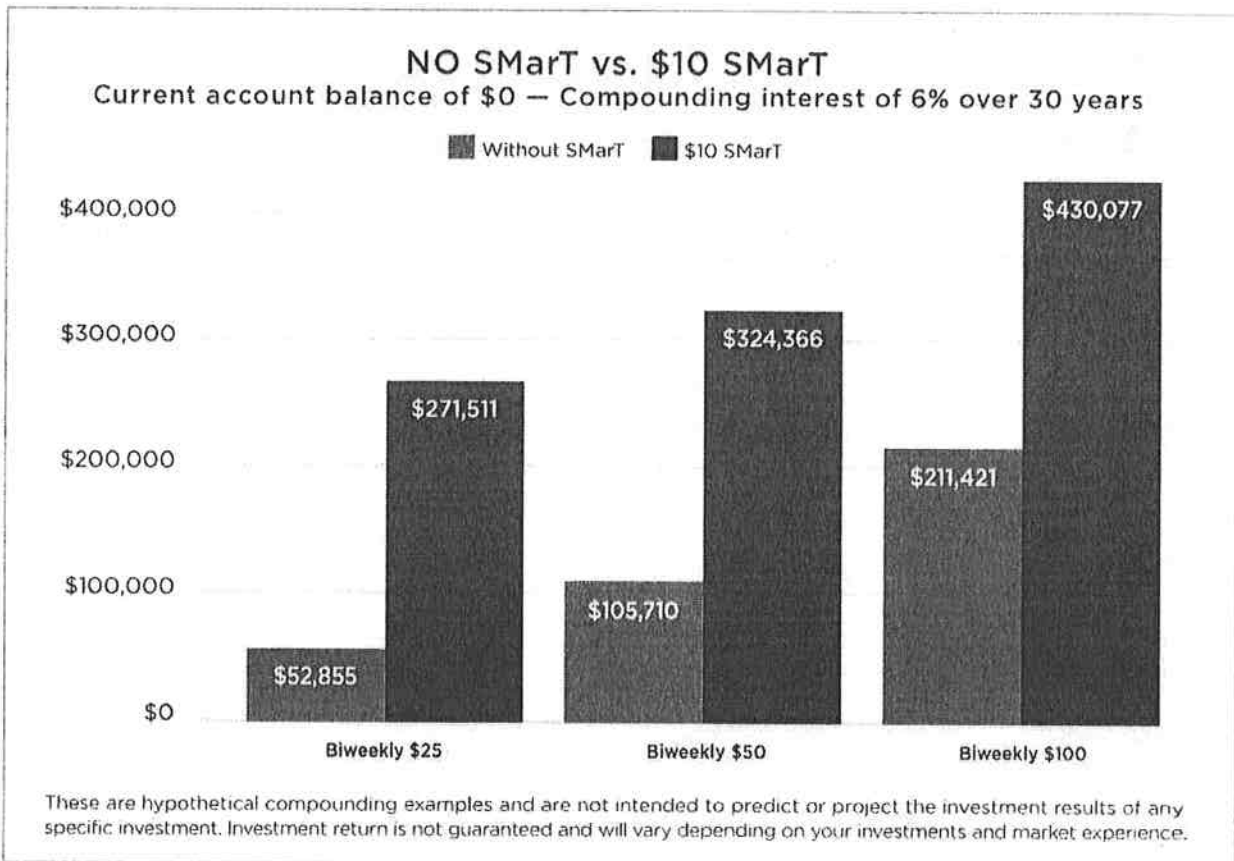
Ohio Deferred Compensation

EZ Enrollment Form

## Investing for Retirement Is Smart. Now is the time to GET STARTED.

Your pension and your Ohio Deferred Compensation account are here provide you with retirement income when you stop working. Simply enroll, choose how much you want to save from each paycheck, and then let your money go to work for you.

- A program designed to help you supplement your pension. Pensions are not designed to replace 100% of your pre-retirement income.
- It's easy, tax deferred and flexible. Contributions are payroll deducted prior to federal and state tax withholding, and the contributions can be changed throughout the year.
- Your money is available when you separate from your employer. There is NO penalty for withdrawals prior to age 59½.



Enroll at [Ohio457.org](http://Ohio457.org)  
OR complete the reverse side



# Enroll at Ohio457.org or complete this form.



**OHIO DEFERRED  
COMPENSATION**

**Personal information (please print)**

\_\_\_\_\_  
 Last name First name M.I.

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Work phone Personal phone  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
 Birth date (mm/dd/yyyy)

\_\_\_\_\_  
 Employer name

\_\_\_\_\_  
 Department Pay days per year

Pension system:  OPERS  STRS  SERS  OP&F  HPRS  
 GINCY  OTHER

\_\_\_\_-\_\_\_\_-\_\_\_\_  
**Social Security number (required)**

I acknowledge I have read the terms and conditions.

\_\_\_\_\_  
 Signature Date (mm/dd/yyyy)

**Make your choice**

I would like to invest in my future by enrolling in the Ohio Deferred Compensation saving plan today and begin contributing per pay period:  
 \$50  \$100  Other: \$ \_\_\_\_\_

A pre-tax deduction will be invested in a LifePath Portfolio closest to the year I turn 65. My payroll deductions will begin on the next pay period following 30 days from the date my form is received by Ohio DC.

You will be enrolled in the SMarT plan to automatically increase your contributions each January by \$10 per pay or \$ \_\_\_\_\_ per pay. Check the box to decline the benefits of the SMarT plan.

You will be enrolled in eDelivery and receive email communications. If you prefer to receive mailed paper communications, please check the box.

**TURN IN TODAY!**

Fax: **614-222-9457**  
 Mail: Ohio Deferred Compensation  
 257 East Town Street, Suite 457  
 Columbus, Ohio 43215-4626

**TERMS AND CONDITIONS**

Upon enrolling, you will be mailed a Welcome Kit that includes the Cancellation Form, Beneficiary Form, Memorandum of Understanding, and Plan Document with more detailed information on the terms and conditions outlined below:

- Your account balance will be held by Ohio Deferred Compensation in trust on behalf of your employer for the exclusive benefit of you or your beneficiaries.
- You can cancel your participation before your forms are processed by calling 877-644-6457 within seven days of the date signed on this form.
- Based on market fluctuations, the rate of return on your account could be either positive or negative. This could result in your account balance being worth less than your contributions.
- Investments have underlying expenses or management fees that will reduce the investment results. Information on these expenses can be found in the fund profiles or the respective prospectus. Call 877-644-6457 to receive the fund profile or prospectus.
- Before investing, carefully consider the fund's investment objectives, risks, charges, and expenses. The fund prospectus or profile contains this and other important information. Read the prospectus or profile carefully before investing.
- At any time, you may change the amount you contribute or the allocation of future investment options.
- The Internal Revenue Service imposes rules that limit the times you can make changes or receive withdrawals from the Program.

- You may withdraw funds from the Program only upon:
  - Ending your employment (including termination, retirement, or death)
  - An Unforeseeable Emergency (as defined by Section 457 of the IRC)
  - Small Balance Distribution (see Plan Document for eligibility)
- An Unforeseeable Emergency is defined by the IRS as a severe financial hardship. Please see the Program Plan Document for specific details. Purchasing a home, credit card debt, and sending your children to college are not qualifying events.
- Withdrawals may begin after ending your employment and the Program's receipt of your employer's verification that employment ended, final contribution, and the Withdrawal Election form.
- Distributions must satisfy certain minimum requirements after reaching the age required by the IRS.
- The funds in your account may be eligible for rollover to another eligible retirement plan upon ending your employment.
- Your participation in Ohio DC is for long-term retirement savings. You should maintain separate, available emergency funds to cover day-to-day, unanticipated, financial shortages.

Neither Nationwide nor plan representatives may offer investment, legal or tax advice. Please contact your investment, legal or tax advisor for such services. Investing involves market risk, including possible loss of principal.

Account Executives are Registered Representatives of Nationwide Investment Services Corporation, member FINRA, Columbus, Ohio. Information provided by Account Executives is for educational purposes only and not intended as tax, legal or investment advice.

# CCAO Plan Highlights

County Commissioners Association of Ohio 457 Deferred Compensation Plan



Making your dreams a reality.

The County Commissioners Association of Ohio (CCAO) Deferred Compensation Plan is a powerful tool to help you reach your retirement dreams. As a supplement to other retirement benefits or savings that you may have, this voluntary Plan allows you to save and invest extra money for retirement – tax deferred!

Not only will you defer taxes immediately, but you may also build extra savings consistently and automatically, select from a variety of investment options, and learn more about saving and investing for your financial future.

Read these highlights to learn more about your Plan and how simple it is to enroll. If there are any discrepancies between this document and the CCAO Plan Document, the Plan Document will govern.

## Getting Started

**What is a 457 deferred compensation plan?**

A 457 plan<sup>1</sup> is a retirement savings plan that allows eligible employees to supplement any existing retirement and pension benefits by saving and investing before-tax dollars through a voluntary salary contribution. Contributions and any earnings on contributions are tax deferred until money is withdrawn. Distributions are usually taken after retirement, when many participants are typically receiving less income and may be in a lower income tax bracket than while working. Distributions are subject to ordinary income tax.

**Why should I participate in the Plan?**

You may want to participate if you are interested in saving and investing additional money for retirement and/or reducing the amount of current state and federal income tax you pay each year. Your CCAO 457 Deferred Compensation Plan can be an excellent tool to help you reach your retirement dreams.

You may also qualify for a federal income tax credit by participating in this Plan. For more information about this tax credit, please contact your local CCAO Retirement Plan Counselor.

If allowed by your employer, the Roth option gives you the flexibility to designate all or part of your 457(b) elective deferrals as Roth contributions. Check Roth availability with your employer or CCAO Retirement Plan Counselor. All Roth contributions are taxed before the money is contributed to the plan. Any earnings on Roth contributions grow tax-free and qualified distributions will also be free of federal (and where applicable, state and local) income taxes. This can be beneficial if you end up being in a higher tax bracket in retirement.

**Is there any reason why I should not participate in the Plan?**

Participating may not be advantageous if you are experiencing financial difficulties, have excessive debt, do not have an adequate emergency fund (typically in an easy-to-access account) or expect to be in a higher tax bracket during your retirement.

**Who is eligible to enroll?**

All current county employees are immediately eligible to participate in the Plan.

**How do I enroll?**

Complete the appropriate paper enrollment form, indicating the amount you wish to contribute, your investment option selection(s) and your beneficiary designation(s). Please sign the form and return it to your CCAO Retirement Plan Counselor or mail it to Empower Retirement, 8515 E. Orchard Road, Greenwood Village, CO 80111.

**What are the contribution limits?**

There is a minimum starting contribution amount of \$10 per paycheck to participate in the Plan.

In 2017, the maximum contribution amount is 100% of your compensation, less any mandatory before-tax contributions to a governmental pension plan, or \$18,000, whichever is less. The annual contribution limit may be indexed for inflation in future years. According to IRS regulations, the increases can only take place in \$500 increments and may not occur every year.

If you are age 50 or older during the 2017 calendar year, you may be eligible to contribute an additional \$6,000 to the Plan. This catch-up contribution along with the 2017 limit amounts to a total possible annual contribution of \$24,000 for participants age 50 and older.

If you are within three years of normal retirement age, as defined by your Plan, you may utilize the Special Catch-Up provision. With Standard Catch-Up, you may be able to contribute up to an additional \$18,000 in 2017. That amounts to a total possible contribution of up to \$36,000 in 2017. This catch-up provision can be utilized in the three consecutive years leading up to but not including the calendar year in which you attain your normal retirement age.

Although you may be eligible for both catch-up options, you may participate in only one option per year. For more information, please contact your CCAO Retirement Plan Counselor.



### What are my investment options?

A wide array of core investment options is available through your Plan. Each option is explained in further detail in your Plan's fund data sheets. Investment option information is also available 24 hours a day, seven days a week through the website at [www.ccao457.com](http://www.ccao457.com) and the voice response system at 800-284-0444.

In addition to the core investment options, a self-directed brokerage account (SDBA) is available. The SDBA allows you to select from numerous mutual funds not directly available to you in the Plan's core investment options for additional fees. These securities are not offered through GWFS Equities, Inc. The SDBA is intended for knowledgeable investors who acknowledge and understand the risks associated with the investments contained in the SDBA.

## Managing Your Account

### How do I keep track of my account?

Empower Retirement will mail you a quarterly account statement showing your account balance and activity. You can also check your account balance and move money among investment options on the website at [www.ccao457.com](http://www.ccao457.com) or by calling the voice response system at 800-284-0444.<sup>2</sup>

If you would rather receive your statements electronically and no longer wish to receive paper statements in the mail, you can sign up for the electronic delivery option via the website at [www.ccao457.com](http://www.ccao457.com).

If you elect to participate in the SDBA option, you will also receive quarterly statements from your SDBA provider, TD Ameritrade. You'll receive a monthly statement from TD Ameritrade if you have account activity in any given month.

### How do I make investment option changes?

Use your username and passcode<sup>1</sup> to access the website, or use your Social Security number and Personal Identification Number<sup>3</sup> (PIN) to access the voice response system. You can move all or a portion of your existing balances among investment options (subject to Plan rules) and change how your payroll contributions are invested.<sup>2</sup>

### How do I make contribution changes?

You can increase, decrease or stop your contribution at any time by filling out a Salary Deferral Agreement form available from your CCAO Retirement Plan Counselor or by calling the voice response system at 800-284-0444 to connect with your local office.<sup>2</sup> Any changes shall become effective beginning with the first pay period of the subsequent month.

## Rollovers

### May I roll over my account from my former employer's plan?

Yes. Approved balances from an eligible governmental 457(b), 401(k), 403(b) or 401(a) plan or IRA may be rolled over to the Plan.<sup>1</sup> You are encouraged to discuss rolling money from one account to another with your financial advisor/planner, considering any potential fees and/or limitations of investment options.

### May I roll over my account if I leave employment with my current employer?

If you sever employment with your current employer, you may roll over your account balance to another eligible governmental 457(b), 401(k), 403(b) or 401(a) plan if your new employer's plan accepts such rollovers. You may also roll over your account balance to an IRA.

Please keep in mind that if you roll over your 457 Plan balance to a 401(k), 403(b) or 401(a) plan or an IRA, distributions taken from these plans before you have reached age 59½ may be subject to the 10% early withdrawal federal tax penalty. Early withdrawal penalties do not apply to distributions from a 457(b) plan. Please contact your CCAO Retirement Plan Counselor for more information.

## Vesting

### When am I vested in the Plan?

Vesting refers to the percentage of your account you are entitled to receive from the Plan upon the occurrence of a distributable event. Your contributions to the Plan and any earnings they generate are always 100% vested (including rollovers from previous employers).

## Distributions

When can I receive a distribution from my pre-tax account?

Qualifying distribution events are as follows:

- Retirement
- Unforeseeable emergency within the Plan guidelines (as defined by the Internal Revenue Code and if allowed by your Plan's provisions)
- Severance of employment (as defined by the Internal Revenue Code provisions)
- Attainment of age 70½ (whether or not still employed)
- Death (your beneficiary receives your benefits)
- Transfer to purchase service credit

Each distribution is subject to ordinary income tax except for an in-service transfer to purchase service credit.

When can I receive a distribution from my Roth account?

You are eligible to take a distribution of your Roth account for the same reasons stated above in the pre-tax section. However, your distribution is not income tax free unless you withdraw your Roth contributions and any earnings after holding the account for at least five tax years, and you meet one of the following:

- You are at least age 59½.
- You become disabled.
- You die (after which your beneficiaries will take the withdrawal).

If a distribution is made from your Roth 457 account before you reach age 59½ and it is not due to death or disability, or reaching the five-tax-year period beginning with your first Roth contribution, you will owe income tax on any earnings the Plan distributes. Otherwise, you do not owe income tax on the Roth contributions that the Plan distributes because you were taxed on these dollars before they were contributed to the Plan.

What are my distribution options?

When you are eligible for a distribution, you may:

1. Leave the value of your account in the Plan until a future date.
2. Receive:
  - A lump sum;
  - A partial lump sum;
  - Periodic payments; or
  - Annuity payments.
3. Roll over your account balance to an eligible governmental 457(b), 401(k), 403(b) or 401(a) plan or IRA.

What happens to my account when I die?

Your designated beneficiary(ies) will receive the remaining value of your account, if any. Your beneficiary(ies) must contact a CCAO Retirement Plan Counselor to request a distribution.

## Fees

Are there any recordkeeping or administrative fees to participate in the Plan?

There are currently no explicit fees charged to the participants for recordkeeping or administrative services, and there is currently no annual Contract Maintenance Charge.

Are there any fees for the investment options?

Each investment option has an investment management fee that varies by investment option. These fees are deducted by each investment option's management company before the daily price or performance is calculated. Fees pay for trading individual securities in the underlying investment options and other management expenses.

Funds may impose redemption fees on certain transfers, redemptions or exchanges.

CCAO is paid a fee from fund revenue for providing oversight and staff and to cover other costs to operate the Plan.

Are there any fees for participating in the SDBA?

There is a fee of \$15 per quarter deducted from your account. There are also transaction fees charged by TD Ameritrade and investment management fees for the investment options you select.

Are there any fees for participating in Great-West SecureFoundation®?

The Great-West SecureFoundation Guarantee Benefit Fee is in addition to the fees and expenses of the Plan. For more important information regarding Great-West SecureFoundation, including product specifics and fees, refer to the Great-West SecureFoundation Summary Disclosure Statement attached to the Enrollment Form and also located on your Plan's website.

Are there any distribution fees?

There are no Plan distribution fees.

## Loans

May I take a loan from my account?

Check with your local office by calling the voice response system at **800-284-0444** to find out if your county allows loans.

If your county allows loans, you may borrow the lesser of \$50,000 or 50% of your total account balance. The minimum loan amount is \$2,500, and you have up to five years to repay your loan — up to 15 years if the money is used to purchase your primary residence. There is also a \$75 origination fee that is deducted from the loan proceeds for each loan, plus an ongoing \$35 annual fee assessed at \$8.75 quarterly.

For more information about loans or to apply for a loan, please visit the website at [www.ccao457.com](http://www.ccao457.com) or call the voice response system toll free at **800-284-0444**.<sup>2</sup>

## Taxes

How does my participation in the Plan affect my taxes?

Because your contributions are taken out of your paycheck before taxes are calculated, you pay less in current income tax. You do not report any current earnings or losses on your account on your current income tax return. Your contributions and any earnings are tax deferred until withdrawn, usually after retirement.

Before-tax distributions from the Plan are taxable as ordinary income during the years in which they are distributed or made available to you or to your beneficiary(ies).

## Investment Assistance

How do Roth 457 after-tax contributions affect my take-home pay?

Roth 457 contributions reduce your take-home pay more than traditional 457 contributions because you pay taxes on your Roth 457 contributions up front rather than deferring those taxes until you take a distribution. You will not owe any additional income tax if you withdraw your Roth contributions and any earnings after a five-year taxable period and as long as the withdrawal is one of the following:

- Made on or after the date you attain age 59½.
- Made after your death (your beneficiary will receive your account).
- Attributable to your being disabled.

If a distribution is made from your Roth 457 account before you reach age 59½ and it is not due to death or disability or before five taxable years (beginning on the first day of the tax year when you made your first Roth contribution), you will pay income taxes on any earnings that are distributed. Otherwise, there is no income or penalty tax due on the Roth contributions distributed from the Plan because they were made with after-tax dollars. It's important to remember that you must have a distribution event before you can take a withdrawal of your Roth 457 account.

How do I get more information?

Visit the website or call the voice response system toll free for more information. The website provides information regarding your Plan, financial education, financial calculators and other tools to help you manage your account. Full-time, local Retirement Plan Counselors are available to all CCAO plan participants. Call today to schedule an appointment.

How can I get help choosing my investment options?

Your Plan offers access to three different levels of investment advisory tools and services called Empower Retirement Advisory Services (Advisory Services), offered by Advised Assets Group, LLC (AAG), a registered investment adviser. If you prefer to manage your retirement account on your own, there are two services you can use: Online

Investment Guidance and/or Online Investment Advice. A third service option is to have AAG manage your retirement account for you through the Managed Account service. These tools and services provide a retirement strategy based on your investment goals, time horizon and tolerance for risk.

There is no guarantee that participation in any of the advisory services will result in a profit or that the account will outperform a self-managed portfolio invested without assistance.

For more detailed information, please visit your Plan's website at [www.ccao457.com](http://www.ccao457.com),<sup>2</sup> enter your username and passcode<sup>3</sup> and then click the "Advisory Services" tab. You may also call the voice response system at 800-284-0444<sup>4</sup> and enter your Social Security number and PIN<sup>4</sup> to speak to an AAG investment adviser representative.

What fees do I pay to participate in Advisory Services?

While there is no cost to use Online Investment Guidance, there is a \$25 annual fee, assessed at \$6.25 quarterly, for Online Investment Advice.

If you choose to have AAG manage your account for you, the annual Managed Account service fee will be based on a percentage of your account balance, assessed quarterly, as follows.

Participant Account Balance	Annual Managed Account Fee
Less than \$100,000	0.45%
Next \$150,000, up to \$250,000	0.35%
Next \$150,000, up to \$400,000	0.25%
Greater than \$400,000	0.15%

For example, if your account balance is \$50,000, the fee will be 0.45% of the account balance. If the account balance is \$500,000, the first \$100,000 will be subject to a fee of 0.45%; the next \$150,000 will be subject to a fee of 0.35%; the next \$150,000 will be subject to a fee of 0.25%; and amounts more than \$400,000 will be subject to a fee of 0.15%.

[www.ccao457.com](http://www.ccao457.com) | Toll free 800-284-0444

Empower Retirement, 8515 E. Orchard Road, Greenwood Village, CO 80111

1 All references to a 457 plan are to a governmental 457(b) plan.

2 Transfer requests made via the website or voice response system received on business days prior to close of the New York Stock Exchange (4 p.m. Eastern Time or earlier on some holidays or other special circumstances) will be initiated at the close of business the same day the request was received. The actual effective date of your transaction may vary depending on the investment option selected.

3 The account owner is responsible for keeping the assigned PIN/passcode confidential. Please contact Client Services immediately if you suspect any unauthorized use.

4 Money from other types of plans or accounts that are rolled over into a governmental 457 plan may still be subject to the 10% federal early withdrawal penalty upon distribution from the 457 account prior to the investor reaching age 59½.

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker-dealers. GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

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