

Employee's Withholding Exemption Certificate

To be used by those meeting the requirements of
The Military Spouses Residency Relief Act

(Form must be completed annually)

Part 1 ACCOUNT INFORMATION

Social Security Number	First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address			County (First 5 letters)
<input type="text"/>			<input type="text"/>
City	State	Zip Code	Country (if not U.S.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 2 CERTIFICATION INFORMATION

I certify that I am not subject to City of Columbus, Ohio withholding because I meet the requirements of the Military Spouses Residency Relief Act and I am legally domiciled in:

State	City/Township	For the Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

I have attached copies of:

- DD Form 2058 ([State of Legal Residence Certificate](#))
- My Spousal military ID card
- The service member's most recent leave and earnings statement

I certify that I no longer meet the requirements for exemption under the Military Spouses Residency Relief Act. Therefore, I revoke my exemption and request that my employer withhold City of Columbus income tax.

CAUTION: If you furnish an employer with an Employee's Withholding Exemption Certificate that contains information with no basis resulting in no tax being withheld when it in fact should have been withheld, you are subject to penalty and interest in addition to the amount not properly withheld.

I certify, under penalties provided by law, that I am entitled to exempt status.

<input type="text"/>	<input type="text"/>
Employee's Signature	Date

Part 3 EMPLOYER SIGNATURE

(Employer: Complete below and submit original to City of Columbus, Withholding Tax Section. Keep a copy for your records.)

Employer Name	EIN/FID		
<input type="text"/>	<input type="text"/>		
Employer Address	County (First 5 letters)		
<input type="text"/>	<input type="text"/>		
City	State	Zip Code	Country (if not U.S.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>