

OPPORTUNITIES FOR OHIOANS WITH DISABILITIES
Business Enterprise Program
DEDUCTION FOR EMPLOYEES WITH DISABILITIES

Employee Name	Social Security Number	Monthly Wages	25% Deduction
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
Total Deduction Claimed this Month:			\$