

EARNED INCOME (WAGE) TAX QUESTIONNAIRE

EMPLOYEES ARE REQUESTED TO PROVIDE THE FOLLOWING INFORMATION. PLEASE PRINT.

NAME (LAST, FIRST, Middle Initial)

SOCIAL SECURITY NUMBER

PERMANENT RESIDENCE

STREET OR P O BOX

CITY, STATE & ZIP CODE

COUNTY

Telephone Number

MUNICIPALITY (COMPLETE ONLY ONE)

CITY _____

BOROUGH _____

TOWNSHIP _____

School District _____

I certify that the information I have provided is true, correct, and complete.

SIGNATURE

DATE

HUMAN RESOURCE OFFICE USE ONLY

RESIDENCE WAGE TAX CODE _____

INPUT DATE _____

INPUT BY _____

PAY DATE _____