

EARNED INCOME (WAGE) TAX QUESTIONNAIRE

EMPLOYEES ARE REQUESTED TO PROVIDE THE FOLLOWING INFORMATION. PLEASE PRINT. READ INSTRUCTIONS BELOW BEFORE PROCEEDING.

NAME (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NUMBER	
PART 1 - PERMANENT RESIDENCE		PART II - AUTHORIZATION AND CERTIFICATION	
1. STREET, P.O. BOX OR R.F.D. NO.		I certify that the information I have provided is true, correct and complete. _____ SIGNATURE _____ DATE SIGNED	
2. COUNTY	ZIP CODE		
3. MUNICIPALITY (COMPLETE ONLY ONE BELOW) CITY _____ BOROUGH _____ TOWNSHIP _____			