

Employment Information: List all places of employment for the applicable tax year. Please list your PRIMARY EMPLOYER under #1 below and your secondary employers under the other columns. If self-employed, write SELF under Employer Name column.

	Primary Employer	Employer 2	Employer 3
Employer Name			
Address			
City, State, Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

	Employer 4	Employer 5	Employer 6
Employer Name			
Address			
City, State, Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			

PLEASE NOTE:

All information received by the Tax Collector is considered to be CONFIDENTIAL and is only used for official purposes relating to the collection, administration and enforcement of the LOCAL SERVICES TAX.

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:

SIGNATURE _____ DATE _____