

**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.

1. PRIMARY EMPLOYER 2. 3.

<b>Employer Name</b>			
<b>Address</b>			
<b>Address 2</b>			
<b>City, State Zip</b>			
<b>Municipality</b>			
<b>Phone</b>			
<b>Start Date</b>			
<b>End Date</b>			
<b>Status (FT or PT)</b>			
<b>Gross Earnings</b>			

4. 5. 6.

<b>Employer Name</b>			
<b>Address</b>			
<b>Address 2</b>			
<b>City, State Zip</b>			
<b>Municipality</b>			
<b>Phone</b>			
<b>Start Date</b>			
<b>End Date</b>			
<b>Status (FT or PT)</b>			
<b>Gross Earnings</b>			

**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:** \_\_\_\_\_