

TO BE RETURNED TO:
MUNICIPAL & SCHOOL
INCOME TAX OFFICE
 2790 W FOURTH STREET
 WILLIAMSPORT PA 17701
 PHONE: (570)601-3980
 FAX: (570)327-0650
<https://lycomingtax.org>

MUNICIPAL & SCHOOL
EARNED INCOME TAX
QUESTIONNAIRE

FOR TAX OFFICE
 USE ONLY

TO RESIDENTS OF THE FOLLOWING SCHOOL DISTRICTS:

East Lycoming, Jersey Shore, Loyalsock, Montgomery, Montoursville, Muncy,
 South Williamsport & Williamsport

In order to keep our records current and to comply with Act of General Assembly approved December 31, 1965, Act No. 511 or Act 32 of 2008, and the Tax Resolutions and Ordinances adopted by the respective taxing Districts, the following information is necessary and must be answered fully by all residents of said Districts. All information will be held in strict confidence.

1. **Full Name:** _____ **S.S. #** _____

Spouse: _____ Spouse S.S. #: _____

2. **Resident Address**

No PO Boxes-- Physical Address Only

County _____ **Date You Moved There** _____

3. Municipality, Borough, or Township _____ Phone Number _____

4. Please List **ANY** previous addresses Including, Dates at each address and Municipalities.
 You may use the back of this form for additional space.

Dates at each address	Street Address (No Po Box's)	City, State, Zip	Municipality
From: ___/___/20__ To: ___/___/20__			
From: ___/___/20__ To: ___/___/20__			
From: ___/___/20__ To: ___/___/20__			
From: ___/___/20__ To: ___/___/20__			

5. Name & Address of Employer or Employers (if self employed list trade name & business address)

6. Check here if: Permanently disabled, housewife, retired, etc
 Temporarily unemployed

I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT.

DATE _____ SIGNATURE _____

EMAIL

SPECIAL NOTICE

The Municipal and School Earned Income Tax Office should be notified immediately of any change of address or name.