

**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>  
[taxoffice@wasd.org](mailto:taxoffice@wasd.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. Current Address**

NO PO BOXES Physical address only

Address

City

State

Zip

3. County \_\_\_\_\_ **Date You Moved There** \_\_\_\_\_

4. Municipality, Borough, or Township \_\_\_\_\_ Phone Number \_\_\_\_\_

5. 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
<b>From:</b> ___/___/20__ <b>To:</b> ___/___/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 \_\_\_\_\_

**SPECIAL NOTICE**

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