

All information remains strictly confidential

TAXPAYER #1

Name _____
Address _____
SSN _____
Date of Birth _____
Contact Phone _____
Email: _____
May we use this email to contact you? YES ___ NO ___
Date moved into Englewood _____

Name of Employer _____
Is Local Tax being withheld?
Yes ___ City Withheld _____ No ___
Do you have Schedule C income?
Business Name _____
Federal ID _____
Date business began in Englewood _____
Do you have employees? Yes ___ No ___

TAXPAYER #2

Name _____
Address _____
SSN _____
Date of Birth _____
Contact Phone _____
Email: _____
May we use this email to contact you? YES ___ NO ___
Date moved into Englewood _____

Name of Employer _____
Is Local Tax being withheld?
Yes ___ City Withheld _____ No ___
Do you have Schedule C income?
Business Name _____
Federal ID _____
Date business began in Englewood _____
Do you have employees? Yes ___ No ___

Names, Social Security Number and Date of Birth of other members of the household over the age of 18:

Name _____ SSN _____ DOB _____
Name _____ SSN _____ DOB _____

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date _____