

VILLAGE OF SOUTH LEBANON RESIDENT QUESTIONNAIRE

NEW RESIDENT CHANGE OF ADDRESS WITHIN SOUTH LEBANON, PLEASE LIST PRIOR ADDRESS

Filing Status for Local Return: Single Married Filing Jointly Married Filing Separately

YOUR NAME SOCIAL SECURITY NO.

ADDRESS PHONE NO. MOVE-IN DATE
House No. Street Apt. No. City Zip Code

BIRTHDATE EMPLOYER OCCUPATION

ADDRESS WHERE YOU WORK

IF UNEMPLOYED, PLEASE CHECK APPROPRIATE LINE: LAYOFF FULL-TIME STUDENT RETIRED HOMEMAKER ASSISTANCE (DISABILITY, SSD)

SPOUSE'S NAME SOCIAL SECURITY NO. MOVE-IN DATE

BIRTHDATE PHONE NO. EMPLOYER

OCCUPATION ADDRESS WHERE YOU WORK

IF UNEMPLOYED, PLEASE CHECK APPROPRIATE LINE: LAYOFF FULL-TIME STUDENT RETIRED HOMEMAKER ASSISTANCE (DISABILITY, SSD)

NOTE: LIST BELOW ALL OTHER HOUSEHOLD OCCUPANTS REGARDLESS OF EMPLOYMENT STATUS. USE ADDITIONAL PAPER IF NECESSARY.

Table with 5 columns: Name, Soc Sec. #, Date of Birth, Employer, Move-In Date

**NOTE: IF YOU ARE ON ASSISTANCE YOU MUST SUPPLY A COPY OF YOUR PAPERWORK.
**IF YOU ARE A FULL TIME STUDENT AND ARE 18 YEAR OF AGE OR OLDER YOU ARE EXEMPTED FROM PAYING SOUTH LEBANON INCOME TAX, HOWEVER, A COPY OF SCHOOL INFORMATION SHOWING CREDIT HOURS NEEDS TO BE PROVIDED ANNUALLY.
**IF YOU ARE RETIRED AND HAVE NO OTHER SOURCE OF INCOME YOU ARE NOT REQUIRED TO FILE A TAX RETURN, HOWEVER, PLEASE ATTACH A COPY OF YOUR RETIREMENT PAPERWORK AND/OR (PAGE 1) OF FORM 1040.

I certify that to the best of my knowledge the above information is true, correct, and complete.

SIGNATURE DATE South Lebanon Resident Questionnaire Revised: 03/14/2005