



UPPER DUBLIN TOWNSHIP
801 Loch Alsh Avenue
Fort Washington, PA 19034-1697
Phone: (215) 643 - 1600
Fax: (215) 542 - 0797
www.upperdublin.net

EARNED INCOME TAX REGISTRATION FORM

TAXPAYER I

NAME _____ **SOC SEC NUM** _____
 Last First MI

ADDRESS _____
 Number Street Post Office

DATE OF RESIDENCE _____ Own Rent

If renting, name of owner: _____

EMPLOYMENT STATUS:
 Not Employed Employed: Full-time Part-time Self-employed

TAX STATUS IF EMPLOYED:
 No Local Tax Withheld Phila. Wage Tax Withheld Local Tax Withheld for: _____
 (Locality)

EXEMPT FROM TAX FOR FOLLOWING REASON:
 Permanently retired as of _____
 Permanently disabled as of _____
 Full-time Homemaker
 Active Military
 Temporarily Unemployed
 Other _____

SIGNATURE **DATE**

TAXPAYER II

NAME _____ **SOC SEC NUM** _____
 Last First MI

ADDRESS _____
 Number Street Post Office

DATE OF RESIDENCE _____ Own Rent

If renting, name of owner: _____

EMPLOYMENT STATUS:
 Not Employed Employed: Full-time Part-time Self-employed

TAX STATUS IF EMPLOYED:
 No Local Tax Withheld Phila. Wage Tax Withheld Local Tax Withheld for: _____
 (Locality)

EXEMPT FROM TAX FOR FOLLOWING REASON:
 Permanently retired as of _____
 Permanently disabled as of _____
 Full-time Homemaker
 Active Military
 Temporarily Unemployed
 Other _____

SIGNATURE **DATE**

TAXPAYER III

NAME _____ SOC SEC NUM _____
Last First MI

ADDRESS _____
Number Street Post Office

DATE OF RESIDENCE _____ Own Rent

If renting, name of owner: _____

EMPLOYMENT STATUS:
Not Employed Employed: Full-time Part-time Self-employed

TAX STATUS IF EMPLOYED:
No Local Tax Withheld Phila. Wage Tax Withheld Local Tax Withheld for: _____
(Locality)

EXEMPT FROM TAX FOR FOLLOWING REASON:
 Permanently retired as of _____
 Permanently disabled as of _____
 Full-time Homemaker
 Active Military
 Temporarily Unemployed
 Other _____

SIGNATURE DATE

TAXPAYER IV

NAME _____ SOC SEC NUM _____
Last First MI

ADDRESS _____
Number Street Post Office

DATE OF RESIDENCE _____ Own Rent

If renting, name of owner: _____

EMPLOYMENT STATUS:
Not Employed Employed: Full-time Part-time Self-employed

TAX STATUS IF EMPLOYED:
No Local Tax Withheld Phila. Wage Tax Withheld Local Tax Withheld for: _____
(Locality)

EXEMPT FROM TAX FOR FOLLOWING REASON:
 Permanently retired as of _____
 Permanently disabled as of _____
 Full-time Homemaker
 Active Military
 Temporarily Unemployed
 Other _____

SIGNATURE DATE