

All information remains strictly confidential

TAXPAYER #1

Name _____

Name of Employer _____

Address _____

Is Local Tax being withheld?

SSN _____

Yes _____ City Withheld _____ No _____

Date of Birth _____

Do you have Schedule C income?

Contact Phone _____

Business Name _____

Email: _____

Federal ID _____

May we use this email to contact you? YES NO

Date business began in Englewood _____

Date moved into Englewood _____

Do you have employees? Yes No

TAXPAYER #2

Name _____

Name of Employer _____

Address _____

Is Local Tax being withheld?

SSN _____

Yes _____ City Withheld _____ No _____

Date of Birth _____

Do you have Schedule C income?

Contact Phone _____

Business Name _____

Email: _____

Federal ID _____

May we use this email to contact you? YES NO

Date business began in Englewood _____

Date moved into 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 _____