

Village Of Port Washington

Income Tax Department

Individual Information Questionnaire

The Following Is Required For Each Individual In The Household 16 Years Or Over
FROM THE YEAR 2014 TO PRESENT !!!!!!!!!!!

Please complete this form and RETURN WITHIN 10 DAYS.

1. NAME _____
2. ADDRESS _____
3. PHONE OR CELL NUMBER _____
4. DATE OF RESIDENCE _____
5. OCCUPATION _____
6. EMPLOYEERS NAME _____
7. EMPLOYEERS ADDRESS _____
8. EMPLOYEERS PHONE _____
9. CITY/CITIES EMPLOYEED IN _____
10. DID YOU PAY CITY INCOME TAX FOR 2014? ___ YES ___ NO
11. WITHHELD BY EMPLOYEER? _____ FILED
PERSONALLY? _____ BOTH? _____
12. IF ANSWER TO QUESTION 10, IS NO, GIVE YEAR AND
REASON.

PLEASE GIVE THE FOLLOWING INFORMATION FOR OFFICE
PURPOSES.

