

Earn + Learn 2023 Application



Youth Application Packet and all required documents should be submitted no later than Monday, June 5, 2023. Please review the Youth Application Checklist.

Complete ALL sections and forms listed below. Be sure to sign and date each form.

First-come, first-served is how jobs are given out after an application and all necessary papers have been fully filled out.

- ___ **Section 1:** Youth Information (pg. 2)
- ___ **Section 2:** Educational Status (pg. 2)
- ___ **Section 3:** Parent or Legal Guardian Information (pg. 3)
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- ___ **Section 5:** Medical Emergency Information (pg. 5)
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- ___ **Section 7:** Bank/Financial Institution Information (pg. 8-10)
- ___ **Section 8:** Employee Verification Forms (pg. 11-15)
 - Employment Eligibility Verification Form 1-9
 - Employee's Withholding Certificate
 - Residency Certification Form
 - Local Services Tax Exemption Certificate

MUST attach a copy the following:

- ___ Social Security Card
- ___ Photo ID (i.e. Driver's License, Permit, School ID)
- ___ Work Permit from your school district (only required if you are under 18 years old)
- ___ Voided Check or Verification Letter for checking/savings account

***IN ORDER TO RECEIVE DIRECT DEPOSIT, STUDENTS MUST HAVE A BANK ACCOUNT OF THEIR OWN**



Employment Application

Section 1: Youth Information

Full Name: _____ Date of Birth: _____ Age: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code School District

Home Phone: _____ Cell Phone: _____

Email Address: _____

Municipality (Check One): Albion Corry Edinboro Erie Fairview Harborcreek
 Girard Union City Waterford Other:

Which of the following best describes you? (Please check one): Asian or Pacific Islander

Black or African American Hispanic or Latino Native American or Alaskan Native

White or Caucasian Multiracial or Biracial A race/ethnicity not listed here

Are you Hispanic or Latino? Yes No

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Gender: FEMALE MALE
 Choose not to disclose

Have you previously participated in the GECAC Summer JAM Program
 YES NO

Section 2: Educational Status

Are you? (Please check one):
 Currently attending school:(List your school) _____

Grade: 8th 9th 10th 11th 12th

Not in School

Attending college: (List your college or university) _____
 Year: Freshmen Sophomore Junior Senior

Section 3: Parent or Legal Guardian Information

Full Name: _____ Last Name: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

Section 4: Matching Survey

What type of transportation will you have to get to and from work? (Please check one):

Drive my own vehicle Walk Ride with someone Uber/Carpool Bus Bicycle

Is there anything about your transportation that presents a challenge for you to participate in the program

Yes No If yes, please explain: _____

Do you have trouble understanding, reading, or writing English? YES NO

Do you speak more than one language fluently? YES NO If yes, please list language(s): _____

PLEASE CHOOSE UP TO TWO JOB CATEGORIES YOU ARE INTERESTED IN:

*All job examples are not guaranteed, though we will try our best to place you in your area of interest.

BUSINESS, FINANCE & INFORMATION TECHNOLOGY PATHWAY

Do you enjoy working with computers and technology? Do you like working with people, and leading or serving on a team? Do you like managing money? Do you enjoy solving problems? If you answered "yes" to any of these questions, then a career in Business, Finance, or Information Technology might be right for you!

Here are some examples:

General clerical	Cashier
Receptionist	Retail
Office Assistant	Computer Support
Management	Marketing Assistant

ARTS & COMMUNICATION PATHWAY

Do you like to perform in front of an audience? Do you like to work with productions and technology? Are you a creative thinker with original ideas? Do you like to write? Are you interested in electronic communication systems like cable, telephone networks, radio broadcast, computer networks, and internet? If you answered "yes" to any of these questions, this pathway may be for you!

Here are some examples:

Arts	Public Relations Assistant
Art Gallery Assistant	
Media Production	

ENGINEERING & INDUSTRIAL TECHNOLOGY PATHWAY

Do you enjoy working with your hands, building and fixing things? Would you describe yourself as practical and logical? Are you interested in studying science, drafting, robotics, woodworking or math? In your free time, do like to use technology, work on cars or mechanical things? If you answered yes to some of these questions, then a career in Engineering and Industrial Technology might be right for you.

Here are some examples:

Groundskeeping	Housekeeping	Maintenance	Auto Mechanic	Construction	Engineer
Landscaping	Custodial	Warehouse	Manufacturing	Architect	

HUMAN SERVICES PATHWAY

Do you enjoy working with and helping people? Can you work with a wide variety of personalities? Does psychology interest you? Would you like to make your community a better place where people would like to visit? Are you well organized? When you try to solve a problem, can you see the big picture? If you answered "yes" to any of these questions, then a career in Human Services might be right for you!

Here are some examples:

Hostess	Summer Program Activities Aide	Law & Public Safety
Childcare	Visitor/Guest Services	Education
Youth Counselor	Fast Food	
Camp Counselor	Cashier	
Restaurant Crew Member		

SCIENCE AND HEALTH

Do you enjoy biology, chemistry, physics or psychology? Are you interested in cutting-edge technology, researching and solving complex problems, diagnosing and healing people, or working with plants, animals or other natural resources? If you answered "yes" to any of these questions, this pathway may be for you.

Here are some examples:

Animal Care	Physician	Veterinarian
Farming	Physician Assistant	
Nursing	Dietician	

In a few words, please describe your dream job:

Have you ever had a job before?

YES NO If yes, please list previous employer: _____

Have you ever volunteered or participated in a community project?

YES NO If yes, please describe the type of project and your role: _____

Do you have an employer preference?

YES NO If yes, please list preferred employer: _____

Is there any work you are absolutely not comfortable doing?

YES NO If yes, please explain: _____

Do you like working with other people?

YES NO

Section 5: Medical Emergency Information

Please list two contacts in case of a medical emergency:

Contact #1	Contact #2
Name:	Name:
Phone #	Phone #
Alt. Phone#	Alt. Phone #
Relation:	Relation

Physician Name: _____

Physician Address: _____

Zip Code: _____ Phone #: _____

Preferred Medical Center: _____

Health Insurance Provider: _____

Please list any medications that you may have:

Please list any disabilities/special conditions (Cognitive & Physical):

Please list any special needs and/or accommodations:

Medical Emergency Consent**Youth ONLY Signature (If Youth is 18 years of age or older)**

I hereby give permission to Administer First Aid Procedures and/or obtain Emergency Medical Care.

Youth Signature: _____ Date: _____

Parent or Guardian Signature (If Youth is under 18 years of age)

I hereby give permission to Administer First Aid Procedures and/or obtain Emergency Medical Care.

Signature: _____ Date: _____

Section 6: Release of Information

I, _____ hereby authorize the Greater Erie Community Action
(Print Youth Name)
Committee (GECAC) to communicate with/obtain information Earn + Learn, WIOA and/or TANF.

This information will be used to determine my appropriateness for the WIOA Program:

- Social Records
- School Records

This record is for one (1) year from the date listed below. I understand that I can revoke my permission to release information at any time.

_____	_____
Participant Signature	Date
_____	_____
Parent/Legal Guardian Signature	Date
_____	_____
Peer Counselor Signature	Date

PHOTO/MEDIA RELEASE FORM



I grant Greater Erie Community Action Committee (GECAC) and partners Erie Together & Career Street permission to use my or my child's image, voice or story/quotes in the following ways:

- On the internet: Website, Facebook, YouTube, Instagram and other social media
- In the media: Newspaper, Radio, Television
- Promotional: Educational, Public Displays

I waive all rights of privacy or compensation which I may have in connection with the use of my/ my child's picture, portrait, likeness, voice or story/quotes.

I understand that to revoke this agreement, I will notify GECAC in writing. Website images will be removed within 30 days of written notification. Images may continue to be used in any publication already printed or published prior to my revocation of the consent provided here.

Photo/Media Release for Minors

Name of Minor(s): _____

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date: _____

Photo/Media Release for Adults

Name (please print): _____

Signature: _____ Date: _____

Helping People. Changing Lives. | www.gecac.org
18 West 9th Street | Erie, Pennsylvania 16501 | Tel: 814.459.4581 | Fax: 814.456.0161
An equal opportunity employer

Section 7: Bank/Financial Institution Information

Greater Erie Community Action Committee Direct Deposit/ Payroll Procedure

- It is policy of GECAC that **NO** payroll checks are distributed directly to employees
- Payroll checks are directly deposited into an account with a financial institution
- It is **MANDATORY** that **all** GECAC employees complete and sign the "Payroll Direct Deposit Authorization Form" for their payroll check to be deposited into a Bank/Institution of their choice.
- The attached authorization form must be completed and the following information provided:
 - **Checking Account:** If depositing in a "checking account" please attach a voided check or direct deposit form from bank/institution (you can get this form from your bank, or print a form from your bank's online portal)
 - **Savings Account:** If depositing in a "savings account" attach a savings account deposit coupon. If you do not have a savings account coupon, you must take the "Payroll Authorization Form" to the bank of your choice and have a Bank Representative "**sign**" and you return the form to Earn + Learn team.

OR

- Take page 9 "Bank/Financial Institution" and hand it to the bank teller or representative. They will then provide you with the necessary information for Earn + Learn Program

Bank/Financial Institution Form



Dear Financial Institution,

Please provide the participant with the following information so that their wages for Earn + Learn Program may be properly deposited into their chosen account:

On a bank verification form/Voided Check/Savings Account Coupon with the following:

Financial Institution's Name

- Participants Name
- Account Type
- Account #
- Routing #

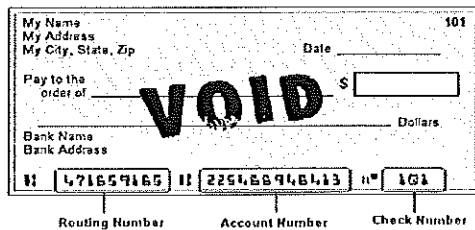
Acceptable Examples are listed Below:



Star Bank

Employee Information	
Employee/Member Name:	Jlm Morrison
Type of Account	Checking
Account #	0000000000
Routing #	000000000
Financial Institution Information	
Star Bank 123 Start Rd. Erie, PA 16502	

Voided Check



**Greater Erie Community Action Committee
Payroll Direct Deposit
Authorization Form
Earn + Learn**

I authorize the Greater Erie Community Action Committee to initiate credit entries to the following account(s) indicated below at the depository financial institution named below. Also, if necessary, initiate any adjustments for any transactions credited in error.

Name of Bank/Financial Institution: _____

Routing/Transit Number: _____

Account Number: _____

Checking Savings

This authorization will remain in full force and effect until GECAC has received written notification from me of its termination in such time and such manner as to afford GECAC and Depository a reasonable opportunity to act upon it.

Employee Name (print): _____

Last 4 Digits of Social Security #: _____

Signature: _____ Date: _____

A Voided Check or a Savings deposit Coupon with proof of verification of routing number and account number for the account listed above. If you cannot provide a voided check or deposit coupon, the participant must provide a Verification Letter from the Financial Institution. **Please take page 9 of the Youth Application** to your chosen financial institution.

Attach **ONE** of the following to Youth Application or send in an email to the Program Manager or Peer Coordinator

- Voided Check
- Savings Account Coupon
- Bank Verification Letter from Bank/Credit Union or Online Bank



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1 Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the Lists of Acceptable Documents.)

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Employee's Withholding Certificate

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
 ▶ Give Form W-4 to your employer.
 ▶ Your withholding is subject to review by the IRS.

2022

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.
 Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 . . . ▶ \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5:
Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
STREET ADDRESS (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE		TOTAL RESIDENT EIT RATE
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE		WORK LOCATION NON-RESIDENT EIT RATE
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com

LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

Tax Year _____

APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

- A copy of this application for exemption from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer AND to the political subdivision levying the Local Services Tax for the municipality or school district in which you are primarily employed.
- This application for exemption from the Local Services Tax must be signed and dated.
- **No exemption will be approved until proper documentation has been received.**

Name: _____ Soc Sec #: _____
Address: _____ Phone #: _____
City/State: _____ Zip: _____

REASON FOR EXEMPTION

1. _____ MULTIPLE EMPLOYERS: Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form. **You must notify your other employers of a change in principal place of employment within two weeks of the change.**
2. _____ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN _____ (municipality or school district) WILL BE LESS THAN \$ _____; Attach copies of your last pay statements or your W-2 for the year prior.

If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.
3. _____ ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.
4. _____ MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

EMPLOYER: Once you receive this Exemption Certificate, you shall not withhold the Local Services Tax for the portion of the calendar year for which this certificate applies, unless you are otherwise notified or instructed by the tax collector to withhold the tax.

Tax Office: Berkheimer Tax Administrator
Address: PO Box 25156 Phone #: (610) 588-0965
City/State: Lehigh Valley, PA Zip: 18002

IMPORTANT NOTE TO EMPLOYERS

1. The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is less than \$12,000 when the combined rate exceeds \$10.00.
2. The school district for the municipality in which your worksite(s) is located may or may not levy an LST. If it does, the income exemption provided may differ from the municipality and can be anywhere from \$0 to \$11,999.
3. Contact the tax office where your business worksites are located to obtain this information.

Employment Information: List all places of employment for the applicable tax year. Please list your PRIMARY EMPLOYER under #1 below and your secondary employers under the other columns. If self employed, write SELF under Employer Name column.

1. PRIMARY EMPLOYER 2. 3.

Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

4. 5. 6.

Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

PLEASE NOTE:

All information received by the Tax Collector is considered to be CONFIDENTIAL and is only used for official purposes relating to the collection, administration and enforcement of the LOCAL SERVICES TAX.

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:

SIGNATURE: _____ **DATE:** _____