

TOWNSHIP OF PINE

ALLEGHENY COUNTY • PENNSYLVANIA
230 Pearce Mill Road, Wexford, PA 15090

OFFICE OF..
EARNED INCOME
TAX COLLECTOR



724-625-1636 Ext. 118
Facsimile 724-625-1560
Homepage - <http://twp.pine.pa.us>

EARNED INCOME/NET PROFIT TAX REGISTRATION FORM

TOWNSHIP OF PINE AND PINE-RICHLAND SCHOOL DISTRICT- 1%

All Wage Earners and Self Employed Individuals Are Required to Pay the Earned Income and Net Profit Tax
Regardless of Age or Whether Residence is Owned or Rented.

TAXPAYER 1 (Please Print)

1. Name _____
Last First Middle Initial Social Security No

2. Address _____
Number and Street City State Zipcode

3. Telephone No. _____

4. Salaried (Tax will be withheld)
 Salaried (Tax will not be withheld)
 Self Employed
 Part-time (earnings less than \$5,000 per year)

5. List name and address of present employer

Name

Number and Street

City State Zipcode

6. _____
Date of Residence

7. _____
Current Landlord (if rental property)

8. _____
Prior Municipality

9. EXEMPT FROM TAX (Check Below)
 Permanently Retired as of _____
 Permanently Disabled as of _____
 Full-time Homemaker
 Active Duty Military

10. Are you a US citizen? _____
If not, declare country of citizenship _____

TAXPAYER 2 (Please Print)

1. Name _____
Last First Middle Initial Social Security No

2. Address _____
Number and Street City State Zipcode

3. Telephone No. _____

4. Salaried (Tax will be withheld)
 Salaried (Tax will not be withheld)
 Self Employed
 Part-time (earnings less than \$5,000 per year)

5. List name and address of present employer

Name

Number and Street

City State Zipcode

6. _____
Date of Residence

7. _____
Current Landlord (if rental property)

8. _____
Prior Municipality

9. EXEMPT FROM TAX (Check Below)
 Permanently Retired as of _____
 Permanently Disabled as of _____
 Full-time Homemaker
 Active Duty Military

10. Are you a US citizen? _____
If not, declare country of citizenship _____

I hereby certify that this return has been examined by me and that the information herein is true, correct and complete.

Signed _____

Date _____

Please complete this form and return immediately to this office. Use reverse side for additional entries.

(Form must be completed whether employed or unemployed)



Printed on Recycled Paper

TAXPAYER 3 (Please Print)

1. Name _____
Last First Middle Initial Social Security No

2. Address _____
Number and Street City State Zipcode

3. Telephone No. _____

4. Salaried (Tax will be withheld)
 Salaried (Tax will not be withheld)
 Self Employed
 Part-time (earnings less than \$5,000 per year)

5. List name and address of present employer

Name

Number and Street

City State Zipcode

6. _____
Date of Residence

7. _____
Current Landlord (if rental property)

8. _____
Prior Municipality

9. EXEMPT FROM TAX (Check Below)
 Permanently Retired as of _____
 Permanently Disabled as of _____
 Full-time Homemaker
 Active Duty Military

10. Are you a US citizen? _____
If not, declare country of citizenship _____

TAXPAYER 4 (Please Print)

1. Name _____
Last First Middle Initial Social Security No

2. Address _____
Number and Street City State Zipcode

3. Telephone No. _____

4. Salaried (Tax will be withheld)
 Salaried (Tax will not be withheld)
 Self Employed
 Part-time (earnings less than \$5,000 per year)

5. List name and address of present employer

Name

Number and Street

City State Zipcode

6. _____
Date of Residence

7. _____
Current Landlord (if rental property)

8. _____
Prior Municipality

9. EXEMPT FROM TAX (Check Below)
 Permanently Retired as of _____
 Permanently Disabled as of _____
 Full-time Homemaker
 Active Duty Military

10. Are you a US citizen? _____
If not, declare country of citizenship _____

TAXPAYER 5 (Please Print)

1. Name _____
Last First Middle Initial Social Security No

2. Address _____
Number and Street City State Zipcode

3. Telephone No. _____

4. Salaried (Tax will be withheld)
 Salaried (Tax will not be withheld)
 Self Employed
 Part-time (earnings less than \$5,000 per year)

5. List name and address of present employer

Name

Number and Street

City State Zipcode

6. _____
Date of Residence

7. _____
Current Landlord (if rental property)

8. _____
Prior Municipality

9. EXEMPT FROM TAX (Check Below)
 Permanently Retired as of _____
 Permanently Disabled as of _____
 Full-time Homemaker
 Active Duty Military

10. Are you a US citizen? _____
If not, declare country of citizenship _____