



2020

**General Information:**

Name of city .....

Township .....

Other township .....

Provide your present employer's:

Name .....

Address .....

Provide your spouse's present employer's:

Name .....

Address .....

**Taxpayer**      **Spouse**

**Yes** **No**      **Yes** **No**

Do you qualify as deaf? .....

    

Do you qualify as disabled? .....

**Residency Information:**

Did you reside in this city for all of 2020? .....

**Yes**      **No**

**From (Mo/Da/Yr)**      **To (Mo/Da/Yr)**

If you did not reside in this city for all of 2020, enter the dates you did reside in this city .....

Former address .....

**Wages Earned in Other Cities:**

Name/Address Where Work Performed	Gross Wages	Total Number of Days Worked	Number of Days Worked in City

