

NAME/ADDRESS CHANGE FORM

OLD NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____

NEW NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____

EFFECTIVE DATE OF CHANGE _____

DOES THIS ADDRESS CHANGE AFFECT YOUR LOCAL INCOME TAX? _____

I AM NO LONGER LIABLE FOR _____ LOCAL INCOME TAX

I AM NOW LIABLE FOR _____ LOCAL INCOME TAX

THE PERCENT OF TAX IS _____

SIGNATURE _____ DATE _____

PLEASE RETURN IN PERSON TO SUSAN FLEMING, PAYROLL OFFICE

For Office Use Only

____ Payroll
____ Budgetary
____ Superintendent
____ Certified - PBX Secretary
____ Classified - Central Office Secretary
____ Insurance