

**STATE TAX APPLICABILITY**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

IF YOU ARE CURRENTLY EMPLOYED, PLEASE CHECK THE APPLICABLE BOXES. IF YOU ARE NOT CURRENTLY EMPLOYED, CHECK THE BOX FOR UNEMPLOYED. IF YOU ARE CURRENTLY UNEMPLOYED, CHECK THE BOX FOR UNEMPLOYED.

**EMPLOYMENT INFORMATION**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

**EMPLOYER INFORMATION**

EMPLOYER NAME	ADDRESS	CITY	STATE	ZIP	EMPLOYER TYPE
					EMPLOYER
					EMPLOYER
					EMPLOYER
UNEMPLOYED					UNEMPLOYED
					UNEMPLOYED
					UNEMPLOYED
					UNEMPLOYED