

**EMPLOYEE STATEMENT OF RESIDENCE
ADDRESS CHANGE/SCHOOL INCOME TAX**

NAME: _____

New Street Address

Street Address (Not PO Box), City or Village, State and Zip Code

New Mailing Address (If PO Box):

PO Box, City or Village, State and Zip Code

Home Phone #: (_____) _____

Please Indicate if Unlisted

Cell #: (_____) _____

School District (Residence)

Last Four Digits of SSN

Employee Signature

Date

Return completed form to Denise Parran in Treasurer's Office