

Part 2. New Information for School Income Tax Accounts: Clearly **print** the applicable items.

Name: _____

CORRECTED SOCIAL SECURITY #

□□□□ - □□ - □□□□□□

Spouse's Name: _____

SPOUSE'S CORRECTED SOCIAL SECURITY #

□□□□ - □□ - □□□□□□

Address: _____

Phone #: _____

Fax #: _____

E-mail address: _____

Cancellation Information:

Name: _____

SOCIAL SECURITY #

□□□□ - □□ - □□□□□□

Enter the date and reason for cancellation.

□□ - □□ - □□□□□□

Moved

Deceased

No taxable income

Spouse Filing Separately

Spouse's Name: _____

SPOUSE'S SOCIAL SECURITY #

□□□□ - □□ - □□□□□□

Enter the date and reason for cancellation.

□□ - □□ - □□□□□□

Moved

Deceased

No taxable income

Spouse Filing Separately

Part 3. New Information for Use and Occupancy Tax Accounts: Clearly **print** the applicable items.

Property Location: _____

BUSINESS U&O TAX ACCOUNT #

□□□□□□□□ - □□

Mailing Address: (Change only if different from property address) _____

PROPERTY ACCOUNT #

□□□□□□□□□□

Name of New Property Owner: _____

E-mail address: _____

Phone #: _____

Fax #: _____

DATE OF PURCHASE: □□ - □□ - □□□□□□

Enter the date and reason for cancellation.

□□ - □□ - □□□□□□

Sold *

Vacant

Residential

Tax Exempt

* For property ownership changes attach documentation, i.e., a copy of the settlement sheet or deed.

Part 4. New Information for Employee Earnings Tax Accounts: Clearly **print** the applicable items.

Name: _____

CORRECTED SOCIAL SECURITY #

□□□□ - □□ - □□□□□□

Address: _____

Phone #: _____

Fax #: _____

E-mail address: _____

If you are canceling this account, enter date and reason:

□□ - □□ - □□□□□□

Employer now withholding wage tax

No longer employed

No longer a Philadelphia resident

Deceased