



# ADAMS COUNTY TAX SERVICES DEPARTMENT

117 BALTIMORE ST., Rm 202

GETTYSBURG, PA 17325

PHONE: 717-337-9837 FAX: 717-337-5767

## Adams County School Census and Occupation Assessment

**Failure to reply will put you at an occupation code of 800, the highest tax rate**

Address: \_\_\_\_\_  
\_\_\_\_\_

PO Box: \_\_\_\_\_  
\_\_\_\_\_

Date:

Municipality:

School District:

Previous Address: \_\_\_\_\_  
\_\_\_\_\_

**INFORMATION IS NEEDED FOR ALL ADULTS AND CHILDREN WITHIN THIS HOUSEHOLD.**

	<i>Entire Name ( including middle initial)</i>	<i>Birthdate</i>	<i>Job Title or School/Grade</i>	<i>Hours per week</i>
1)	Name: _____ Phone: _____ Email: _____	<input type="text"/>	<input type="text"/>	_____
2)	Name: _____ Phone: _____ Email: _____	<input type="text"/>	<input type="text"/>	_____
3)	Name: _____ Phone: _____ Email: _____	<input type="text"/>	<input type="text"/>	_____
4)	Name: _____ Phone: _____ Email: _____	<input type="text"/>	<input type="text"/>	_____
5)	Name: _____ Phone: _____ Email: _____	<input type="text"/>	<input type="text"/>	_____
6)	Name: _____ Phone: _____ Email: _____	<input type="text"/>	<input type="text"/>	_____
7)	Name: _____ Phone: _____ Email: _____	<input type="text"/>	<input type="text"/>	_____

8) **Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ *Employer's Name* ▶ \_\_\_\_\_  
**Email:** \_\_\_\_\_

9) **Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ *Employer's Name* ▶ \_\_\_\_\_  
**Email:** \_\_\_\_\_

10) **Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ *Employer's Name* ▶ \_\_\_\_\_  
**Email:** \_\_\_\_\_

11) **Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ *Employer's Name* ▶ \_\_\_\_\_  
**Email:** \_\_\_\_\_

12) **Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ *Employer's Name* ▶ \_\_\_\_\_  
**Email:** \_\_\_\_\_

Please note the current location and phone number of a previous occupant or provide maiden name to avoid duplication.

\_\_\_\_\_  
\_\_\_\_\_