

CITY OF DETROIT
FINANCE DEPARTMENT
INCOME TAX DIVISION

PERSONAL INFORMATION

NAME _____ S.S.# _____
 DRIVER LICENSE NO. _____ EXP DATE _____ DOB _____
 NAME (Spouse) _____ S.S.# _____
 DRIVER LICENSE NO. _____ EXP DATE _____ DOB _____
 ADDRESS _____ PHONE _____
 CITY, STATE, ZIP _____

EMPLOYMENT INFORMATION

EMPLOYER _____ OCCUPATION _____
 ADDRESS _____ PHONE _____
 LENGTH OF EMPLOYMENT _____ SALARY _____
 EMPLOYER (Spouse) _____ OCCUPATION _____
 ADDRESS _____ PHONE _____
 LENGTH OF EMPLOYMENT _____ SALARY _____

FINANCIAL INFORMATION

BANK ACCOUNTS (Include Savings & Loans, Credit Unions, Certificates of Deposit, etc.)

Name of Institution	Address	Account No.	Balance

VEHICLES (Model, year, tag no.) _____

PENSION INCOME _____ RENTAL INCOME _____

OTHER INCOME _____

Signature of Taxpayer: _____ Date: _____

Signature of Spouse: _____ Date: _____