

If Partnership, List Partner(s) and Home Address(es):

NAME	ADDRESS	CITY	STATE	ZIP

OTHER PLACE(S) OF EMPLOYMENT

NAME	ADDRESS	CITY	STATE	ZIP

Do you hire individuals on a contract basis? _____ If yes, list names and addresses of contractors:
(Attach list if necessary)

NAME	ADDRESS	CITY	STATE	ZIP

NAME AND ADDRESS TO WHICH CITY TAX FORMS ARE TO BE MAILED:

NAME	ADDRESS	CITY	STATE	ZIP	PHONE NUMBER

NOTE: Intentionally providing false information in an official proceeding or with purpose to mislead a public official in performing his/her official function is a violation of Section 136.3 of the "New Lebanon Code of Ordinances."

"The information above is true and correct to the best of my knowledge."

SIGNATURE	DATE
<i>(Person completing form)</i>	