

**SHIPPENSBURG AREA**

**317 North Morris Street**



**SCHOOL DISTRICT**

**Shippensburg, PA 17257**

**Tax Census Questionnaire**

Current Address \_\_\_\_\_

County

\_\_\_ Cumberland

\_\_\_ Franklin

Mailing Address \_\_\_\_\_

Municipality you reside in

\_\_\_ Shippensburg Borough

\_\_\_ Southampton Township

Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Newburg Borough

\_\_\_ Shippensburg Township

\_\_\_ By checking this box, I acknowledge that all of the information provided on this form is accurate and actual.

\_\_\_ Orrstown Borough

\_\_\_ Hopewell Township

**HOUSEHOLD INFORMATION FOR TAX PURPOSES**

(Include everyone who resides at your current address)

Name (Last, First, Middle Initial)	Birthdate mm/dd/yyyy	Over 18 years of age? Y/N	Sex M/F	School Building, if applicable	Grade, if applicable

*Only complete one tax census form per household*