

PENNSYLVANIA SUPPLEMENT

NAME AND ADDRESS					
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (Jr.,Sr.,ETC.)		
MAIDEN NAME			DATE OF BIRTH		
ADDRESS LINE 1		ADDRESS LINE 2			
CITY	COUNTY	STATE/PROVINCE		POSTAL CODE	
COUNTRY	EMAIL ADDRESS		PHONE NUMBER	CELL NUMBER	
MAILING ADDRESS (IF DIFFERENT FROM ADDRESS ABOVE)					
ADDRESS LINE 1		ADDRESS LINE 2			
ADDRESS LINE 3		CITY	COUNTY	STATE/PROVINCE	
POSTAL CODE	COUNTRY	EMAIL ADDRESS		PHONE NUMBER	CELL NUMBER
DESCRIPTIVE INFORMATION					
HEIGHT _____ FT IN	WEIGHT _____ LBS	SOCIAL SECURITY NUMBER*		DRIVER'S LICENSE NO. _____ STATE ISSUED: _____ OPERATOR'S NUMBER: _____	
TATTOOS, SCARS OR DISTINGUISHING MARKS:				MARITAL STATUS: <input type="checkbox"/> SINGLE (NEVER MARRIED) <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	
HAIR COLOR <input type="checkbox"/> (BK) BLACK <input type="checkbox"/> (BR) BROWN <input type="checkbox"/> (BD) BLOND <input type="checkbox"/> (RD) RED <input type="checkbox"/> (GY) GRAY <input type="checkbox"/> (WH) WHITE <input type="checkbox"/> (BA) BALD	EYE COLOR <input type="checkbox"/> (BK) BLACK <input type="checkbox"/> (BR) BROWN <input type="checkbox"/> (HZ) HAZEL <input type="checkbox"/> (BL) BLUE <input type="checkbox"/> (GY) GRAY <input type="checkbox"/> (GR) GREEN	SEX <input type="checkbox"/> (M) MALE <input type="checkbox"/> (F) FEMALE	RACE** <input type="checkbox"/> (C) CAUCASIAN <input type="checkbox"/> (B) BLACK <input type="checkbox"/> (H) HISPANIC <input type="checkbox"/> (A) ASIAN <input type="checkbox"/> (N) NATIVE AMERICAN <input type="checkbox"/> (I) INDIAN (INDIA) <input type="checkbox"/> (O) OTHER		
LIST ANY OTHER NAME OR NAMES YOU HAVE BEEN KNOWN BY (INCLUDE ALIASES; NICKNAMES; MARRIED NAMES)					
HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME.					
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., ETC)	FROM DATE	TO DATE

*DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY IN ORDER FOR THE SHRC TO COMPLY WITH THE FEDERAL SOCIAL SECURITY ACT PERTAINING TO CHILD SUPPORT ENFORCEMENT, AS IMPLEMENTED IN THE COMMONWEALTH OF PENNSYLVANIA AT 23 PA. C.S §4304.1 (A). THE SOCIAL SECURITY NUMBER WILL ALSO BE USED TO CONFIRM THE IDENTIFICATION OF THE APPLICANT OR LICENSEE AND WILL NOT BE USED AS A PERSONAL IDENTIFICATION NUMBER BY THE SHRC.

**YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION IS OPTIONAL

FEDERAL STATE AND FOREIGN TAX INFORMATION

APPLICANT TAX HISTORY		
WHEN DID YOU FILE YOUR LAST FEDERAL INCOME TAX RETURN	PERIOD COVERED	IRS OFFICE LOCATION
WHEN DID YOU FILE YOUR LAST STATE INCOME TAX RETURN	PERIOD COVERED	STATE OF FILING
ATTACH TO THIS FORM, A COPY OF EACH IRS FORM(S) FILED AND ALL SUPPORTING IRS SCHEDULES* FILED BY YOU IN EACH OF THE LAST FIVE (5) YEARS. IF YOU AND YOUR SPOUSE FILED SEPARATE TAX RETURNS FOR ANY YEAR IN THE LAST FIVE (5) YEARS, ALSO ATTACH A COPY OF YOUR SPOUSE'S TAX RETURNS.		
ATTACH TO THIS FORM, A COPY OF EACH STATE INCOME TAX RETURN(S) FILED AND ALL SUPPORTING SCHEDULES FILED BY YOU IN EACH OF THE LAST FIVE (5) YEARS. IF YOU AND YOUR SPOUSE FILED SEPARATE TAX RETURNS FOR ANY YEAR IN THE LAST FIVE (5) YEARS, ALSO ATTACH A COPY OF YOUR SPOUSE'S TAX RETURNS.		
HAS YOUR TAX RETURN EVER BEEN AUDITED OR ADJUSTED?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, DESCRIBE THE NATURE AND RESOLUTION OF THE AUDIT AND THE TAX YEAR(S).		
HAVE YOU EVER FAILED TO FILE FEDERAL OR STATE INCOME TAX RETURNS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, DESCRIBE THE REASON FOR FAILURE TO FILE AND THE TAX YEAR(S).		
HAVE YOU OR YOUR SPOUSE EVER FILED ANY TYPE OF TAX RETURN, STATEMENT OR FORM IN ANY JURISDICTION OUTSIDE THE UNITED STATES WITHIN THE LAST FIVE (5) YEARS? IF THE ANSWER IS YES, PLEASE PROVIDE THE INFORMATION REQUIRED BELOW		<input type="checkbox"/> YES <input type="checkbox"/> NO
TAX YEARS FILED	COUNTRY FILED	AMOUNT OF TAX
ATTACH TO THIS FORM A COPY OF EACH SUCH TAX RETURN AND ALL APPROPRIATE SCHEDULES OR OTHER ATTACHMENTS REQUIRED BY THE TAX AUTHORITIES OF THE FOREIGN JURISDICTIONS.		

*ALL IRS SCHEDULES FILED WITH THE APPLICANT'S TAX RETURN INCLUDING BUT NOT LIMITED TO SCHEDULE A, SCHEDULE C, SCHEDULE D, ALTERNATIVE MINIMUM TAX RETURN, SCHEDULE SE, ETC. MUST BE FILED WITH THIS APPLICATION.

