

# 台灣人青少年才藝基金會

TAIWANESE YOUTH ARTS FOUNDATION, Inc.

P.O. BOX 341384, BETHESDA, MD 20827

\_\_\_\_\_ School Year **Teacher's Personal Information**

**Note: You MUST fill in the fields with a "\*" indicating. Other fields are for new teachers or updating your information ONLY.**

\*Chinese Name: \_\_\_\_\_

\*English Name: \_\_\_\_\_

(Official Last Name)

(Official First Name)

Social Security No.: \_\_\_\_\_

(For new teachers only)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

Office Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

\*Please select the following options for your paychecks:

\_\_\_\_\_ I would like to get full pay monthly.

\_\_\_\_\_ I would like to work as a none-pay volunteer.

\_\_\_\_\_ I would like to get paid up to \$600.00 in a calendar year.

(TYAF will give a 1099 tax form to those who get paid more than \$600 at the end of the year)