

## RESIDENCY CERTIFICATION FORM Local Earned Income Tax Withholding

## TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATI	ON - RESIDE	NCE LOCATION	
NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER
STREET ADDRESS (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD C	ODE	TOTAL RESIDENT EIT RATE
SCHOOL DISTRICT			
EMPLOYER INFORMATION	ON - EMPLOY	MENT LOCATION	
EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
COLTY	LOTATE	710 0005	TRUONE NUMBER
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION	LDSD CODE WO	RK LOCATION NON-RESIDENT EIT RATE
COUNTY	WORK LOCATION	TPSD CODE   WO	RK LOCATION NON-RESIDENT EIT RATE
CERT	IFICATION		
Under penalties of perjury, I (we) declare that I (we)			
schedules and statements and to the best of	my (our) belief, the	y are true, correct and corr	·
SIGNATURE OF EMPLOYEE			DATE (MM/DD/YYYY)
	T-14411 ABBBESS		
PHONE NUMBER	EMAIL ADDRESS		

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com