

## 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 INF	ORMATION - RESIDENCE LOC	ATION
NAME (Last Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER
STREET ADDRESS (No PO Box, RD or RR)		1
SECOND LINE OF ADDRESS		
CITY	STATE ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)		
COUNTY	RESIDENT PSD CODE	TOTAL RESIDENT EIT RATE
		<u> </u>
EMPLOYER INFO	RMATION - EMPLOYMENT LO	CATION
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WO	DRK ( <b>No</b> PO Box, RD or RR)	
SECOND LINE OF ADDRESS		
CITY	STATE ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)		
COUNTY	WORK LOCATION PSD CODE	WORK LOCATION NON-RESIDENT EIT RATE
	CERTIFICATION	
	e that I (we) have examined this information, in to the best of my (our) belief, they are true, con	
SIGNATURE OF EMPLOYEE		DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS	1

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