



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 INFORMATION - RESIDENCE LOCATION | | | |
|--|--|---|-------------------------|
| NAME (Last Name, First Name, Middle Initial) | | SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div> | |
| 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 CODE <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div> | | TOTAL RESIDENT EIT RATE |

SCHOOL DISTRICT

| EMPLOYER INFORMATION - EMPLOYMENT LOCATION | | | |
|---|---|--|-------------------------------------|
| EMPLOYER BUSINESS NAME (Use Federal ID Name) | | EMPLOYER FEIN <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div> | |
| STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No 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 <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div> | | WORK LOCATION NON-RESIDENT EIT RATE |

CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

| | | |
|-----------------------|---------------|-------------------|
| SIGNATURE OF EMPLOYEE | | DATE (MM/DD/YYYY) |
| 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