

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 - RES	IDENCE LOCAT	ION
NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER
STREET ADDRESS (No PO Box, RD or RR)		77	
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENTE	SD CODE	TOTAL RESIDENT EIT RATE
EMPLOYER IN	FORMATION - EMPL	OYMENT LOCA	TION
EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO	O WORK (No PO Box, RD or RI	R)	
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
			<u> </u>
COUNTY	WORK LOCA	ATION PSD CODE	WORK LOCATION NON-RESIDENT EIT RATE
*	OFFITIEIO ATTO		
Under penalties of perjury, I (we) de schedules and statements a	CERTIFICATION eclare that I (we) have examined and to the best of my (our) belie	d this information, inclu	ding all accompanying
SIGNATURE OF EMPLOYEE		and and add, contact	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDR	RESS	

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

FOR NAME CHANGE, PLEASE ATTACH COPY OF MARRIAGE LICENSE or DIVORCE DECREE