

RESIDENCY CERTIFICATION FORM INSTRUCTIONS

This form is required by the Commonwealth of Pennsylvania to be completed under the following circumstances:

- *New Hire*
- *Re-Hire*
- *Permanent Address Change*
- *Name Change*

Form Completion Instructions:

Complete the **Highlighted** areas of the Residency Certificate Form with the following information:

- Full Legal Name (as it appears on your Social Security Card)
- Social Security Number
- Street Address where you permanently reside: Enter physical location of residency here.
- Second Line of Address: Enter PO Box information here. PO Boxes can only be used in the instance that it would be your only way of receiving mail (no US Postal Service delivery available for your residence, i.e. Lemont).
- Municipality (Township or Borough) associated with your address: If unsure please contact your local tax office for this information.
- County
- Sign and Date form along with Phone Number and E-mail contact information

Form Submission Instructions

- For New Hire/Re-Hire: This form must be completed along with all required employment forms and submitted to the Human Resources Office.
- For Address/Locality Change: This form must be completed before any address / locality changes can be made and must be submitted to the Payroll Office.
- For Name Change: This form must be completed for all Name Changes and the new Original Social Security Card must be presented in person with the completed form to the Human Resources Office.

Please note that an incomplete form will delay your information being updated in a timely manner. The information provided on this form will be used to determine the local wage and school district taxes withheld from your pay. Non- Pennsylvania residents who work in Pennsylvania will be taxed at the applicable non-resident local tax rate.

Please contact the Payroll Office, 240 Villa Crest Drive, State College, PA 16801, (814) 231-1057 or pavroll@scasd.org if assistance is needed.



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	
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		TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN	
State College Area School District			
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
	PA		
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE		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

<p>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:</p> <p style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">www.newPA.com</p>
