

LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

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.

EMPLOY	EE INFORMATION - RESID	ENCE LOCATI	ON	
NAME (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER	
FIRST LINE OF ADDRESS (If PO Box, please include actu	al street address)			
SECOND LINE OF ADDRESS			· · · · · · · · · · · · · · · · · · ·	
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	
MUNICIPALITY (City, Borough, Township)				
COUNTY	PSD CODE		TOTAL RESIDENT EIT RATE	
EMPLOYER NAME (Use Federal ID Name)	R INFORMATION - EMPLO	YMENT LOCAT	EMPLOYER FEIN	
FIRST LINE OF ADDRESS ('If PO Box, please include actu	al street address)			
SECOND LINE OF ADDRESS				
CITY	STATE	ZIP CODE	PHONE NUMBER	
MUNICIPALITY (City, Borough, Township)				
COUNTY	PSD CODE		MUNICIPAL NON-RESIDENT EIT RATE	
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SIGNATURE OF EMPLOYEE	CERTIFICATION		DATE	
PHONE NUMBER	EMAIL ADDRES	SS		
For information on obtaining the appropriate MU please refer to the Pennsylvania Department of 0			ES and EIT (Earned Income Tax) RATES,	
Sele	www.newPA.com ct Get Local Gov Support, >Mun			