## RESIDENCY CERTIFICATION FORM <br> 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)


## EMPLOYER INFORMATION - EMPLOYMENT LOCATION

| EMPLOYER BUSINESS NAME (Use Federal ID Name) | 2 5 1 2 5 3 2 0 | 0 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

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 |  |  |  |  |  | WORK LOCATION NON-RESIDENT EIT RATE |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2 | 4 | 0 | 2 | 0 | 2 |  |

## CERTIFICATION

| 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:

