

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.

| EMPLOYEE INFORMATI | ON - RESIDEI | NCE LOCATION | |
|--|---------------|---------------|---------------------------------|
| NAME (Last, First, Middle Initial) | | | SOCIAL SECURITY NUMBER |
| FIRST LINE OF ADDRESS (If PO Box, please include actual street address) | | | |
| SECOND LINE OF ADDRESS | | | |
| | T | | |
| CITY | STATE | ZIP CODE | DAYTIME PHONE NUMBER |
| MUNICIPALITY (List name of City, Borough OR Township AND School District) | | | |
| COUNTY | PSD CODE | | TOTAL RESIDENT EIT RATE |
| | | | |
| EMPLOYER INFORMATION | N - EMPLOYI | MENT LOCATION | |
| EMPLOYER NAME (Use Federal ID Name) | | | EMPLOYER FEIN |
| FIRST LINE OF ADDRESS ('If PO Box, please include actual street address) | | | |
| SECOND LINE OF ADDRESS | | | |
| CITY | STATE | ZIP CODE | PHONE NUMBER |
| MUNICIPALITY (City, Borough, Township) | | | |
| COUNTY | PSD CODE | | MUNICIPAL NON-RESIDENT EIT RATE |
| | | | |
| | IFICATION | | |
| SIGNATURE OF EMPLOYEE | | | DATE |
| 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 | | | |

www.newPA.com
Select Get Local Gov Support, >Municipal Statistics