

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	INFORMATION -	RESIDENCE LO	CATION	
NAME (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER	
FIRST LINE OF ADDRESS (If PO Box, please include actual st	reet address)			
SECOND LINE OF ADDRESS				
CITY	S <mark>TAT</mark> Ē	Z <mark>IP COD</mark> E	DAYTIME PHONE NUMBER	
MUNICIPALITY (City, Borough, Township)				
	hone			
COUNTY	PSD CODE		TOTAL RESIDENT EIT RATE	
EMPLOYER	INFORMATION - E	EMPLOYMENT L	OCATION	
EMPLOYER NAME (Use Federal ID Name)			EMPLOYER FEIN	
FIRST LINE OF ADDRESS (¹ If PO Box, please include actual st	treet address)			
SECOND LINE OF ADDRESS				
CITY	STATE	ZIP CODE	PHONE NUMBER	
MUNICIPALITY (City, Borough, Township)				
	hone			
COUNTY	PSD CODE		MUNICIPAL NON-RESIDENT EIT RAT	Œ
		-		
	CERTIFICA	ATION		
SIGNATURE OF EMPLOYEE			DATE	
PHONE NUMBER	EMAIL ADD	RESS		
For information on obtaining the appropriate MUNI				RATES,
please refer to the Pennsylvania Department of Cor	•	•	te:	
www.newPA.com Select Get Local Gov Support, >Municipal Statistics				