

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 LOCATION | | | | | | |
|---|----------|----------|-------------------------|--|--|--|
| NAME (Last, Flrst, Middle Initial) | | | SOCIAL SECURITY NUMBER | | | |
| FIRST LINE OF ADDRESS (If PO Box, please include actual 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 INFORMATION - EMPLOYMENT LOCATION | | | | | |
|---|-------|----------|---------------------------------|--|--|
| EMPLOYER NAME (Use Federal ID Name) | | | EMPLOYER FEIN | | |
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| FIRST LINE OF ADDRESS (^{II} f PO Box, please include actual street address) | | | | | |
| | | | | | |
| SECOND LINE OF ADDRESS | | | | | |
| | | | | | |
| CITY | STATE | ZIP CODE | PHONE NUMBER | | |
| | | | | | |
| MUNICIPALITY (City, Borough, Township) | | | | | |
| | | | | | |
| COUNTY | | | MUNICIPAL NON-RESIDENT EIT RATE | | |
| | | | | | |

| CERTIFICATION | | | | |
|-----------------------|---------------|------|--|--|
| 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 Select Get Local Gov Support, >Municipal Statistics | | | | |