

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.

	OYEE INFORMATION - RESID	ENCE LOCATIO	
NAME (Last, FIrst, Middle Initial)			SOCIAL SECURITY NUMBER
FIRST LINE OF ADDRESS (If PO Box, please include	actual street address)		
OF COMPLINE OF ADDRESS			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough, Township)	<u> </u>		
COUNTY	PSD CODE		TOTAL RESIDENT EIT RATE
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EMPLO	YER INFORMATION - EMPLO	YMENT LOCATION	ON
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
	CERTIFICATION		
SIGNATURE OF EMPLOYEE			DATE
PHONE NUMBER	EMAIL ADDRES	EMAIL ADDRESS	
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For information on obtaining the appropriate			S and EIT (Earned Income Tax) RATES,
please refer to the Pennsylvania Departmen	t of Community & Economic Develop	ment website:	

www.newPA.com

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