



RESIDENCY CERTIFICATION FORM

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 to the local EIT collector. 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. Use the Address Search Application at www.newPA.com/Act32 to determine PSD codes, EIT rates and tax collector contact information.

EMPLOYEE INFORMATION – RESIDENCE LOCATION

| | | | | | | |
|--|--|--|---|--|-------------------------|--|
| NAME (Last Name, First Name, Middle Initial) | | | SOCIAL SECURITY NUMBER | | | |
| | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| STREET ADDRESS (No PO Box, RD or RR) | | | | | | |
| ADDRESS LINE 2 | | | | | | |
| CITY | | STATE | ZIP CODE | | DAYTIME PHONE NUMBER | |
| MUNICIPALITY (City, Borough or Township) | | | | | | |
| COUNTY | | RESIDENT PSD CODE | | | TOTAL RESIDENT EIT RATE | |
| | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | |

EMPLOYER INFORMATION – EMPLOYMENT LOCATION

| | | | | | | |
|---|--|--|---|--|-------------------------------------|--|
| EMPLOYER BUSINESS NAME (Use Federal ID Name) | | | EMPLOYER FEIN | | | |
| | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR) | | | | | | |
| ADDRESS LINE 2 | | | | | | |
| CITY | | STATE | ZIP CODE | | PHONE NUMBER | |
| MUNICIPALITY (City, Borough or Township) | | | | | | |
| COUNTY | | WORK LOCATION PSD CODE | | | WORK LOCATION NON-RESIDENT EIT RATE | |
| | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | |

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:

www.newPA.com/Act32