

## 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 - RESIDE	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			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE		TOTAL RESIDENT EIT RATE
Effective Date of Residency:			
EMPLOYER INFORMATION	N - EMPLOY	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
CERT	TIFICATION		
SIGNATURE OF EMPLOYEE			DATE
PHONE NUMBER	EMAIL ADDRESS		
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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			