



## 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. 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 Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"><tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td></tr></table>					
STREET ADDRESS (No PO Box, RD or RR)							
SECOND LINE OF ADDRESS							
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER				
MUNICIPALITY (City, Borough or Township)							
COUNTY	RESIDENT PSD CODE <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"><tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td></tr></table>					TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION - EMPLOYMENT LOCATION							
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"><tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td></tr></table>					
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)							
SECOND LINE OF ADDRESS							
CITY	STATE	ZIP CODE	PHONE NUMBER				
MUNICIPALITY (City, Borough or Township)							
COUNTY	WORK LOCATION PSD CODE <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"><tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td></tr></table>					WORK LOCATION NON-RESIDENT EIT RATE	

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](http://www.newPA.com)