

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.

NAME (Last, FIrst, Middle Initial)		SOCIAL SECURITY NUMBER
FIRST LINE OF ADDRESS (If PO Box, please include ac	ctual street address)	
SECOND LINE OF ADDRESS		
OIT!	STATE ZIP CODE	DAVTIME DUONE NUMBER
CITY	STATE ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough, Township)		•
COUNTY	PSD CODE	TOTAL RESIDENT EIT RATE
EMPLOY	ER INFORMATION - EMPLOYMENT LOC	ATION
EMPLOYER NAME (Use Federal ID Name)		EMPLOYER FEIN
FIRST LINE OF ADDRESS ('If PO Box, please include ac	ctual 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 ADDRESS	
	MUNICIPALITY (City, Borough, Township), PSD CC	

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