

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 INFORMAT	ION - 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
EMPLOYER INFORMATION	ON - EMPLOY	MENT LOCATION	
EMPLOYER NAME (Use Federal ID Name)	JN - EMIFEOTI	MENT LOCATION	EMPLOYER FEIN
FIRST LINE OF ADDRESS ('If PO Box, please include actual street address)			ı
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE		MUNICIPAL NON-RESIDENT EIT RATE
	TI TIO ATION		
SIGNATURE OF EMPLOYEE	TIFICATION		DATE
PHONE NUMBER	EMAIL ADDRESS		
For information on obtaining the appropriate MUNICIPALITY (City	Borough, Towns		d EIT (Earned Income Tax) RATES,

www.newPA.com
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