



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									
STREET ADDRESS (No PO Box, RD or RR)		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>									
SECOND LINE OF ADDRESS											
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER								
MUNICIPALITY (City, Borough or Township)											
COUNTY	RESIDENT PSD CODE	TOTAL RESIDENT EIT RATE									
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EMPLOYER INFORMATION - EMPLOYMENT LOCATION											
EMPLOYER BUSINESS NAME (Use Federal ID Name) Dutch Springs		EMPLOYER FEIN									
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR) 4733 Hanoverville Rd.		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>									
SECOND LINE OF ADDRESS											
CITY Bethlehem	STATE PA	ZIP CODE 18020	PHONE NUMBER 610-759-2270								
MUNICIPALITY (City, Borough or Township) Lower Nazareth Township											
COUNTY Northampton	WORK LOCATION PSD CODE	WORK LOCATION NON-RESIDENT EIT RATE									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;">4</td><td style="width: 25px;">8</td><td style="width: 25px;">0</td><td style="width: 25px;">4</td> </tr> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>		4	8	0	4					1.000 %	
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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 Local Gov't Tab>>>Municipal Statistics>>>Withholding Rates by Address