



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: 20px;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <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)		SCHOOL DISTRICT											
COUNTY	RESIDENT PSD CODE** <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>					TOTAL RESIDENT EIT RATE** <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>							

*To be completed by Employer

EMPLOYER INFORMATION - EMPLOYMENT LOCATION												
EMPLOYER BUSINESS NAME (Use Federal ID Name) Springfield School District			EMPLOYER FEIN <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;">2</td> <td style="width: 25px;">3</td> <td style="width: 25px;">1</td> <td style="width: 25px;">7</td> <td style="width: 25px;">0</td> <td style="width: 25px;">9</td> <td style="width: 25px;">4</td> <td style="width: 25px;">8</td> <td style="width: 25px;">6</td> </tr> </table>	2	3	1	7	0	9	4	8	6
2	3	1	7	0	9	4	8	6				
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)												
SECOND LINE OF ADDRESS												
CITY Springfield	STATE PA	ZIP CODE 19064	PHONE NUMBER 610-938-6000									
MUNICIPALITY (City, Borough or Township) Springfield Township		BUILDING										
COUNTY Delaware	WORK LOCATION PSD CODE <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;">2</td> <td style="width: 25px;">3</td> <td style="width: 25px;">1</td> <td style="width: 25px;">2</td> <td style="width: 25px;">0</td> <td style="width: 25px;">2</td> </tr> </table>	2	3	1	2	0	2	WORK LOCATION NON-RESIDENT EIT RATE 0.00%				
2	3	1	2	0	2							

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