**CLGS-32-6 (05/17)**



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

# TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be used by employers when a new employee is hired or when a current employee notifies employer

of a name or address change. Use the Address Search Application at dced.pa.gov/Act32 to determine PSD codes, EIT rates, and tax collector contact information.

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| **EMPLOYEE INFORMATION – RESIDENCE LOCATION** |
| NAME (Last Name, First Name, Middle Initial) | SOCIAL SECURITY NUMBER |
|  |  |  |  |  |  |  |  |  |  |  |
| STREET ADDRESS **(No PO Box, RD or RR)** |
| ADDRESS LINE 2 |
| 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) | EMPLOYER FEIN |
|  |  |  |  |  |  |  |  |  |  |  |
| STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK **(No PO Box, RD or RR)** |
| ADDRESS LINE 2 |
| CITY | STATE | ZIP CODE | PHONE NUMBER |
| MUNICIPALITY (City, Borough or Township) |
| COUNTY | WORK LOCATION PSD CODE | WORK LOCATION NON-RESIDENT EIT RATE |
|  |  |  |  |  |  |  |  |

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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:**

**dced.pa.gov/Act32**