

LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

To Employees: PA Act 32 requires each employee to complete a residency certification form. Please complete the employee information portion of the form below and ensure that you sign it under the certification section. Once complete the form must be returned to the facility manager.

EMPLOYEE INFORMATION - RESIDENCE LOCATION				
NAME (Last, First)			SOCIAL SECURITY NUMBER	
ADDRESS LINE 1 (No PO boxes, use actual street address)				
ADDRESS LINE 2				
CITY	STATE	ZIP	PHONE	
MUNICIPALITY (City, Borough, Township)		COUNTY		
SCHOOL DISTRICT				PSD CODE

EMPLOYER INFORMATION - EMPLOYMENT LOCATION				
EMPLOYER NAME			EMPLOYER FEIN	
ADDRESS LINE 1				
ADDRESS LINE 2				
CITY	STATE	ZIP	PHONE	
COUNTY	MUNICIPALITY (City, Borough, Township)			PSD CODE

CERTIFICATION	
SIGNATURE OF EMPLOYEE	DATE