

## 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	INFORMATION - RESI	DENCE LOCATIO	)N	
NAME (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER	
FIRST LINE OF ADDRESS (If PO Box, please include actual s	treet address)			
SECOND LINE OF ADDRESS				
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	
MUNICIPALITY (City, Borough, Township)				
COUNTY COUNTY	PSD CODE		TOTAL RESIDENT EIT RATE	
Washington	6 3	0 8 0 1	1%	
FIRST LINE OF ADDRESS (If PO Box, please include actual s	street address)			
SECOND LINE OF ADDRESS				
CITY	STATE	ZIP CODE	PHONE NUMBER	
MUNICIPALITY (City, Borough, Township)				
COUNTY	PSD CODE	0 8 0 1	MUNICIPAL NON-RESIDENT EIT RATE	
			170	
	CERTIFICATION			
SIGNATURE OF EMPLOYEE			DATE	
PHONE NUMBER	EMAIL ADDR	EMAIL ADDRESS		
- Indiana - Indi				

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
Select Get Local Gov Support, >Municipal Statistics