

## 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 to the local EIT collector. 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. Use the Address Search Application at www.newPA.com/Act32 to determine PSD codes, EIT rates and tax collector contact information.

MAME (Last Name, First Name, Middle Initial)  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  EMPLOYER BUSINESS NAME (Use Federal ID Name)  Lancaster-Lebanon IU 13  STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)  ADDRESS LINE 2  CITY  STATE  ZIP CODE  TOTAL RESIDENT EIT RATE  EMPLOYER BUSINESS NAME (Use Federal ID Name)  Lancaster-Lebanon IU 13  STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)  ADDRESS LINE 2  CITY  STATE  ZIP CODE  PHONE NUMBER  CERTIFICATION  Under penalties of perjury, I (we) deadare 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 compiler.  PHONE NUMBER  EMAIL ADDRESS  EMAIL ADDRESS  EMAIL ADDRESS	EMPLOYEE INFO	RMATION - RESIDE	NCE LOCATION	
ADDRESS LINE 2  CITY STATE ZIP CODE DAYTIME PHONE NUMBER  MUNICIPALITY (City, Borough or Township)  COUNTY RESIDENT PSD CODE TOTAL RESIDENT EIT RATE  EMPLOYER BUSINESS NAME (Use Federal ID Name)  Lancaster-Lebanon IU 13  STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)  ADDRESS LINE 2  CITY STATE ZIP CODE PHONE NUMBER  WORK LOCATION PSD CODE WORK LOCATION NON-RESIDENT EIT RATE  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, cornect and complete.  SIGNATURE OF EMPLOYEE  DAYTIME PHONE NUMBER  TOTAL RESIDENT EIT RATE  EMPLOYER FEIN  2 3 1 7 4 0 4 2 2 2  EMPLOYER FEIN  2 2 2 3 1 7 4 0 4 2 2 2  EMPLOYER FEIN  2 3 1 7 4 0 4 2 2  EMPLOYER FEIN  2 3 1 7 4 0 4 2 2  EMPLOYER FEIN  2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	NAME (Last Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER	
ADDRESS LINE 2  CITY STATE ZIP CODE DAYTIME PHONE NUMBER  MUNICIPALITY (City, Borough or Township)  COUNTY RESIDENT PSD CODE TOTAL RESIDENT EIT RATE  EMPLOYER BUSINESS NAME (Use Federal ID Name)  Lancaster-Lebanon IU 13  STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)  ADDRESS LINE 2  CITY STATE ZIP CODE PHONE NUMBER  WORK LOCATION PSD CODE WORK LOCATION NON-RESIDENT EIT RATE  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, cornect and complete.  SIGNATURE OF EMPLOYEE  DAYTIME PHONE NUMBER  TOTAL RESIDENT EIT RATE  EMPLOYER FEIN  2 3 1 7 4 0 4 2 2 2  EMPLOYER FEIN  2 2 2 3 1 7 4 0 4 2 2 2  EMPLOYER FEIN  2 3 1 7 4 0 4 2 2  EMPLOYER FEIN  2 3 1 7 4 0 4 2 2  EMPLOYER FEIN  2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2				
COUNTY    STATE   ZIP CODE   DAYTIME PHONE NUMBER	STREET ADDRESS (No PO Box, RD or RR)			
MUNICIPALITY (City, Borough or Township)  EMPLOYER INFORMATION — EMPLOYMENT LOCATION  EMPLOYER BUSINESS NAME (Use Federal ID Name)  Lancaster-Lebanon IU 13  EMPLOYER EADORESS 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 RA'  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.  DATE (MM/DD/YYYY)	ADDRESS LINE 2			
MUNICIPALITY (City, Borough or Township)  EMPLOYER INFORMATION — EMPLOYMENT LOCATION  EMPLOYER BUSINESS NAME (Use Federal ID Name)  Lancaster-Lebanon IU 13  EMPLOYER EADORESS 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 RA'  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.  DATE (MM/DD/YYYY)				
EMPLOYER INFORMATION — EMPLOYMENT LOCATION  EMPLOYER BUSINESS NAME (Use Federal ID Name) Lancaster-Lebanon IU 13  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  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  TOTAL RESIDENT EIT RATE  TOTAL RESIDENT EIT RATE  TOTAL RESIDENT EIT RATE  TOTAL RESIDENT EIT RATE  EMPLOYER FEIN  2 PHONE NUMBER  WORK LOCATION NON-RESIDENT EIT RATE  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.  DATE (MM/DD/YYYY)	CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
EMPLOYER INFORMATION - EMPLOYMENT LOCATION  EMPLOYER BUSINESS NAME (Use Federal ID Name) Lancaster-Lebanon IU 13  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  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	MUNICIPALITY (City, Borough or Township)			
EMPLOYER BUSINESS NAME (Use Federal ID Name)  Lancaster-Lebanon IU 13  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  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	COUNTY	RESIDENT PSD CODE		TOTAL RESIDENT EIT RATE
EMPLOYER BUSINESS NAME (Use Federal ID Name)  Lancaster-Lebanon IU 13  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  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)				
EMPLOYER BUSINESS NAME (Use Federal ID Name)  Lancaster-Lebanon IU 13  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  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				
Lancaster-Lebanon IU 13  STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)  ADDRESS LINE 2  CITY STATE ZIP CODE PHONE NUMBER  WORK LOCATION PSD CODE WORK LOCATION NON-RESIDENT EIT RATE  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	EMPLOYER INFOR	MATION - EMPLOY	MENT LOCATION	
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 RA'  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)	EMPLOYER BUSINESS NAME (Use Federal ID Name)			
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  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)	Lancaster-Lebanon IU 13			2   3   1   7   4   0   4   2   2
CITY  STATE  ZIP CODE  PHONE NUMBER  MUNICIPALITY (City, Borough or Township)  COUNTY  WORK LOCATION PSD CODE  WORK LOCATION NON-RESIDENT EIT RAT  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)	STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WO	ORK (No PO Box, RD or RR	)	
MUNICIPALITY (City, Borough or Township)  COUNTY  WORK LOCATION PSD CODE WORK LOCATION NON-RESIDENT EIT RATE OF EMPLOYEE  WORK LOCATION PSD CODE WORK LOCATION NON-RESIDENT EIT RATE OF EMPLOYEE  DATE (MM/DD/YYYY)	ADDRESS LINE 2			
COUNTY  WORK LOCATION PSD CODE WORK LOCATION NON-RESIDENT EIT RA  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)	CITY	STATE	ZIP CODE	PHONE NUMBER
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)	MUNICIPALITY (City, Borough or Township)			
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)	COUNTY	WORK LOCAT	TION PSD CODE	WORK LOCATION NON-RESIDENT EIT RATE
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)				
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)		CERTIFICATION		
	Under penalties of perjury, I (we) declare schedules and statements and to	e that I (we) have examined t	his information, including they are true, correct and	all accompanying complete.
PHONE NUMBER EMAIL ADDRESS	SIGNATURE OF EMPLOYEE			DATE (MM/DD/YYYY)
	PHONE NUMBER	EMAIL ADDRE	SS	

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/Act32