

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.

NAME (Last Elset Middle Initial)	NFORMATION - RESII	AL TENDENCE CONTROL	SOCIAL SECURITY NUMBER
NAME (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER
FIRST LINE OF ADDRESS (If PO Box, please include actual street	et address)		
SECOND LINE OF ADDRESS			A MARKET CONTRACTOR OF THE CON
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE		TOTAL RESIDENT EIT RATE
EMPLOYER INF	ORMATION - EMPLO	YMENT LOCAT	ION
MPLOYER NAME (Use Federal ID Name)			EMPLOYER FEIN
lew Kensington - Arnold School District			25-1150623
IRST LINE OF ADDRESS ('If PO Box, please include actual street	address)		
uilding Name			
ECOND LINE OF ADDRESS		¥	
treet Address	STATE	ZIP CODE	PHONE NUMBER
	SIAIE	ZIF CODE	PHONE NOMBER
UNICIPALITY (City, Borough, Township)			
DUNTY	PSD CODE		MUNICIPAL NON-RESIDENT EIT RAT
/estmoreland			
	CERTIFICATION		
GNATURE OF EMPLOYEE			DATE
ONE NUMBER	EMAIL ADDRESS		

please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com Select Get Local Gov Support, >Municipal Statistics