



ADDRESS CHANGE FORM

Name: _____ **Personnel #** _____

New Address:

City

State

Zip Code

County: _____ **Township:** _____

School District: _____

Telephone No:(_____) _____
Area Code

Signature

Date

PLEASE RETURN THE COMPLETED FORMS TO THE OFFICE OF HUMAN
RESOURCES, REIBMAN ADMINISTRATION BUILDING, ROOM 105.



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. 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 - RESIDENCE LOCATION

NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER			
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
STREET ADDRESS (No PO Box, RD or RR)						
SECOND LINE OF ADDRESS						
CITY		STATE	ZIP CODE		DAYTIME PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)						
COUNTY		RESIDENT PSD CODE			TOTAL RESIDENT EIT RATE	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

EMPLOYER INFORMATION - EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN			
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)						
SECOND LINE OF ADDRESS						
CITY		STATE	ZIP CODE		PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)						
COUNTY		WORK LOCATION PSD CODE			WORK LOCATION NON-RESIDENT EIT RATE	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

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:

www.newPA.com