

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.

NAME (Last Name, First Name, Middle Initial)	FORMATION - RESIDENCE LOCATION		SOCIAL SECURITY NUMBER	
NIVE (East Halle, Flist Halle, Made Mass)				
STREET ADDRESS (No PO Box, RD or RR)				
ECOND LINE OF ADDRESS				
ITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	
			1.	
UNICIPALITY (City, Borough or Township)				
OUNTY	RESIDENT F	SD CODE	TOTAL RESIDENT EIT RATE	
				THE RESERVE AND ADDRESS OF
EMPLOYER IN	FORMATION - EMPL	OYMENT LOCATI	ON	
MPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN	29
EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN	29
EMPLOYER BUSINESS NAME (Use Federal ID Name) JRK Enterprises, Find STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO			EMPLOYER FEIN	29
EMPLOYER INF EMPLOYER BUSINESS NAME (Use Federal ID Name) JRK Enter DRISES, FINO STREET ADDRESS WHERE ABOVE EMPLOYEE RÉPORTS TO 19 415 She I ton AVE BECOND'LINE OF ADDRESS			EMPLOYER FEIN	29
EMPLOYER BUSINESS NAME (Use Federal ID Name) JRK Enter DRISES, FINCE STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO SECOND LINE OF ADDRESS	WORK (No PO Box, RD or R	₹)	EMPLOYER FEIN 2517024	
EMPLOYER BUSINESS NAME (Use Federal ID Name) JRK Enter Drises, Indistrect Address where above employee reports to the Shelton Ave. SECOND LINE OF ADDRESS		R) ZIP CODE	EMPLOYER FEIN 2517024	
EMPLOYER BUSINESS NAME (Use Federal ID Name) JRK Enter Drises, Find STREET ADDRESS WHERE ABOVE EMPLOYEE RÉPORTS TO 1 SECOND'LINE OF ADDRESS CITY ALEXANDRIA MUNICIPALITY (City Borough or Township)	WORK (No PO Box, RD or R	₹)	2517024	
MPLOYER BUSINESS NAME (Use Federal ID Name) JRK Enter Drises, Find STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO SECOND LINE OF ADDRESS SITY ALEXANDRIA MUNICIPALITY (Gity, Borough or Township)	WORK (No PO Box, RD or R	ZIP CODE	EMPLOYER FEIN 2517024 PHONE NUMBER 814-669-1910	0
EMPLOYER BUSINESS NAME (Use Federal ID Name) JRK Enter Drises, Find STREET ADDRESS WHERE ABOVE EMPLOYEE RÉPORTS TO 1 SECOND'LINE OF ADDRESS CITY ALEXANDRIA MUNICIPALITY (City Borough or Township)	WORK (No PO Box, RD or R	ZIP CODE //6/6//	EMPLOYER FEIN 2517024	0
MPLOYER BUSINESS NAME (Use Federal ID Name) JRK Enter DRISES, Inc. STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO SECOND LINE OF ADDRESS EXTENSION OF ADDRESS OUT A LEXANDRIA MUNICIPALITY (City, Borough or Township) PORTER	WORK (No PO Box, RD or R	ZIP CODE	EMPLOYER FEIN 2517024 PHONE NUMBER 814-669-1910	0
MPLOYER BUSINESS NAME (Use Federal ID Name) JRK Enter DRISES, FINCE TREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO THE SECOND LINE OF ADDRESS ITY ALEXANDRIA (City Borough or Township)	WORK (No PO Box, RD or R	ZIP CODE //6/6//	EMPLOYER FEIN 2517024 PHONE NUMBER 814-669-1910	0
MPLOYER BUSINESS NAME (Use Federal ID Name) JRK Enter DRISES, FINCE TREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO THE SECOND LINE OF ADDRESS ITY ALEXANDRIA (City Borough or Township)	WORK (No PO Box, RD or R	ZIP CODE /6611 ATION PSD CODE / 0 2 0 6	EMPLOYER FEIN 2517024 PHONE NUMBER 814-669-1910	0
MPLOYER BUSINESS NAME (Use Federal ID Name) JRK Enter DRISES, FIND TREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO THE SOLUTION AVE. ECOND LINE OF ADDRESS EITY ALEXANDRIA MUNICIPALITY (City, Borough or Township) PORTER COUNTY Huntingdon	WORK (No PO Box, RD or R STATE A- WORK LOC.	ZIP CODE //66// ATION PSD CODE // 0 2 0 6	EMPLOYER FEIN 2517024 PHONE NUMBER 814-669-1916 WORK LOCATION NON-RESIDENT	0
MPLOYER BUSINESS NAME (Use Federal ID Name) JRK Enter DRISES, FINCE TREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO THE SECOND LINE OF ADDRESS ECOND LINE OF ADDRESS HITTY ALEXANDRIA MUNICIPALITY (City Borough or Township)	WORK (No PO Box, RD or R STATE A WORK LOC. CERTIFICATIO	ZIP CODE //6/6/1/ ATION PSD CODE //0/2/0/6	PHONE NUMBER 814-669-1910 WORK LOCATION NON-RESIDENT 170 g all accompanying d complete.	0
MPLOYER BUSINESS NAME (Use Federal ID Name) JRK Enter DRISES, FINCE TREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO THE SCOND'LINE OF ADDRESS ECOND'LINE OF ADDRESS HAVE AMALIA MUNICIPALITY (City, Borough or Township) PORTER COUNTY Hunting don	WORK (No PO Box, RD or R STATE A WORK LOC. CERTIFICATIO	ZIP CODE //6/6/1/ ATION PSD CODE //0/2/0/6	PHONE NUMBER 814-669-1910 WORK LOCATION NON-RESIDENT 170 g all accompanying	0

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