



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		
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		

EMPLOYER INFORMATION - EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN		
JRK Enterprises, Inc			251702429		
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)					
415 Shelton Ave.					
SECOND LINE OF ADDRESS					
CITY	STATE	ZIP CODE	PHONE NUMBER		
Alexandria	PA.	16611	814-669-1910		
MUNICIPALITY (City, Borough or Township)					
Porter					
COUNTY	WORK LOCATION PSD CODE		WORK LOCATION NON-RESIDENT EIT RATE		
Huntingdon	310206		1%		

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