



# RESIDENCY CERTIFICATE Local Earned Income Tax

TO EMPLOYERS/TAXPAYERS

This form is to be used by  
This form must be utilized

and/or taxpayers to report essential information  
required when a new employee is hired or when a current

EMPLOYEE INFORMATION – RESIDENT	
NAME (Last Name, First and Middle Initial)	
STREET ADDRESS (Not P.O. Box)	RR#
SECOND LINE OF ADDRESS	
CITY	STATE
MUNICIPALITY	SCHOOL DISTRICT
COUNTY	RESIDENT PSD CODE <input style="width: 100%;" type="text"/>

EMPLOYER INFORMATION – EMPLOYEE	
EMPLOYEE GENERAL ID Name	
STREET ADDRESS (No PO Box, RD, or RR)	
SECOND LINE OF ADDRESS	
CITY	STATE
MUNICIPALITY	
COUNTY	WORK LOCATION FIPS CODE <input style="width: 100%;" type="text"/>

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined the employee's tax returns, schedules and statements and to the best of my (our) belief they are true and correct.	
SIGNATURE OF EMPLOYEE	
PHONE NUMBER	EMAIL ADDRESS

For information regarding the appropriate MUNICIPALITY (City, Borough, Town or Village) please refer to the following:	
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