

PAYROLL INFORMATION

<input type="checkbox"/>	NEW HIRE
<input type="checkbox"/>	NAME CHANGE
<input type="checkbox"/>	ADDRESS CHANGE

FULL NAME _____ POSITION _____

SOCIAL SECURITY # _____ PHONE # _____

DATE OF BIRTH _____ SEX: M F

ADDRESS _____

If you are having the Local Service Tax *currently* taken out by another employer, please fill out the Local Service Tax Exemption Certificate provided by the Personnel Office.

If you have had Local Service Tax *deducted by a previous employer*, please attach proof of the amount deducted. The WHSD will deduct the balance due for the calendar year.

Have you been employed by a Pennsylvania Public School Entity prior to July 1, 1994? ____ Yes ____ No

Have you retired from a School District? ____ Yes ____ No
If yes, what was the name of the School District and the State? _____
What was the month and year of your retirement? _____

X _____
EMPLOYEE SIGNATURE

DATE

<i>For Personnel Office Only:</i>	
First Day Worked	_____
Last Day Worked	_____
<input type="checkbox"/>	Approved for Tuition Reimbursement

<i>For Payroll Office Only:</i>	
Retirement	_____ Other: _____
Insurance	_____
Union Dues	_____
ASN#	_____
First Day Worked	_____



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be used by employers when a new employee is hired or when a current employee notifies employer of a name or address change. Use the Address Search Application at dced.pa.gov/Act32 to determine PSD codes, EIT rates, and tax collector contact information.

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)						
ADDRESS LINE 2						
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)						
ADDRESS LINE 2						
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:

dced.pa.gov/Act32