

# **RESIDENCY CERTIFICATION FORM INSTRUCTIONS**

This form is required by the Commonwealth of Pennsylvania to be completed under the following circumstances:

- *New Hire*
- *Re-Hire*
- *Permanent Address Change*
- *Name Change*

## **Form Completion Instructions:**

Complete the **highlighted** areas of the Residency form with the following information:

- Full Legal Name (as it appears on your Social Security Card)
- Social Security Number
- Street Address where you permanently reside: Enter physical location of residency here.
- Second Line of Address: Enter PO Box information here. PO Boxes can only be used in the instance that it would be your only way of receiving mail (no US Postal Service delivery available for your residence, i.e. Lemont).
- Municipality (Township or Borough) associated with your address: If unsure please contact your local tax office for this information.
- County
- Sign and Date form along with Phone Number and E-mail contact information

## **Form Submission Instructions**

- For New Hire/Re-Hire: This form must be completed along with all required employment forms and submitted to the Human Resources Office.
- For Address/Locality Change: This form must be completed before any address / locality changes can be made and must be submitted to the Payroll Office.
  - For Name Change: This form must be completed for all Name Changes and the new Original Social Security Card must be presented in person with the completed form to the Human Resources Office.

*Please note that an incomplete form will delay your information being updated in a timely manner. The information provided on this form will be used to determine the local wage and school district taxes withheld from your pay. Non- Pennsylvania residents who work in Pennsylvania will be taxed at the applicable non-resident local tax rate.*

**Please contact the Payroll Office, Room 200, 131 West Nittany Avenue, State College, PA at 814-231-1057 or [payroll@scasd.org](mailto:payroll@scasd.org) if assistance is needed.**



## 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)		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>					
SECOND LINE OF ADDRESS							
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER				
MUNICIPALITY (City, Borough or Township)							
COUNTY	RESIDENT PSD CODE		TOTAL RESIDENT EIT RATE				
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>						

EMPLOYER INFORMATION - EMPLOYMENT LOCATION							
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN					
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>					
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				
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>						

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](http://www.newPA.com)