

LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

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, First, Middle Initiat)			SOCIAL SECURITY NUMBER
FIRST LINE OF ADDRESS (If PO Box, please include actual street addre	198)	<u> </u>	
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSO COOE		TOTAL RESIDENT EIT RATE
EMOLOVED NEON	MATION FIRE		
EMPLOYER INFOR! EMPLOYER NAME (Use Federal ID Name) STO-ROX SCHOOL DISTRICT		DYMENT LOCAL	EMPLOYER FEIN 25-1158130
FIRST LINE OF ADDRESS (19 PO Box, please include actual street address 600 RUSSELLWOOD AVENUE	955)		
SECOND LINE OF ADDRESS		9.45 A.C.	
MCKEES ROCKS	STATE PA	2IP CODE 15136	PHONE NUMBER 412-771-3213
MUNICIPALITY (City, Borough, Township) STOWE TOWNSHIP			
COUNTY ALLEGHENY	PSD COOE		MUNICIPAL NON-RESIDENT EIT RATE
	CERTIFICATION		
SIGNATURE OF EMPLOYEE			DATE
PHONE NUMBER	EMAIL ADDRESS		

www.newPA.com Select Get Local Gov Support, >Municipal Statistics