

MEMORANDUM

TO: All SSD Employees
FROM: Lianne Mikula, Human Resources Director
RE: Certificate of Residency Requirement

DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT REPORTING REQUIREMENTS

In accordance with ACT 32 of 2008, Pennsylvania Law requires all employers to withhold an employee's Pennsylvania local residence income tax rate via payroll deductions. This deduction only applies if you reside in a Municipality/School District that has an earned income tax. (Note: Springfield, Delaware County does not have an earned income tax)

****Every employee is required to complete a Residency Certification Form (even if you reside in Delaware or New Jersey) at employment and for an address change.****

Below you will find the Residency Certification Form. Please complete the information for Employee Information-Residence Location and Employer Information-Employment Location (Street Address and Building), sign and return to the Human Resources Office.

Thank you for your cooperation and attention to this matter.



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 <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>	
STREET ADDRESS (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)		SCHOOL DISTRICT	
COUNTY	RESIDENT PSD CODE * <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>	TOTAL RESIDENT EIT RATE *	

*To be completed by Employer

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)		BUILDING	
COUNTY	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>	WORK LOCATION NON-RESIDENT EIT RATE	

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