

## 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 Initial)			SOCIAL SECURITY NUMBER
FIRST LINE OF ADDRESS (If PO Box, please include a	ctual street address)		
SECOND LINE OF ADDRESS			- Parket - Agency - A
CITY	STATE	IZIP CODE	DAYTIME PHONE NUMBER
	52	2 0002	DAY TIME THORE NOMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE		TOTAL RESIDENT EIT RATE
	,		
	ER INFORMATION - EMPLOY	MENT LOCATION	N.S. Company of the State of th
EMPLOYER NAME (Use Federal ID Name)			EMPLOYER FEIN
Bellefonte Area School District FIRST LINE OF ADDRESS ('If PO Box, please include actual street address)			24-6000793
318 N Allegheny St	cidal street address)		
SECOND LINE OF ADDRESS		77 5 5 7 10 10 10 10 10 10 10 10 10 10 10 10 10	
CITY	STATE	ZIP CODE	PHONE NUMBER
Bellefonte	PA	16823	814-355-4814
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE		MUNICIPAL NON-RESIDENT EIT RATE
Centre			
	CERTIFICATION		
BIGNATURE OF EMPLOYEE			DATE
PHONE NUMBER	EMAIL ADDRESS	EMAIL ADDRESS	
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For information on obtaining the appropriate M			nd EIT (Earned Income Tax) RATES,
please refer to the Pennsylvania Department o	f Community & Economic Develops	nent website:	