

## Residency Certification Form (CLGS-32-6) Instructions

### What is this for?

This form is required to be completed by all Direct Care Workers (DCW) who are new hires, re-hires, or who change their permanent address.

This form will allow Public Partnerships LLC (PPL) to provide the tax bureau with the information required to distribute the local earned income tax withheld from your paycheck to the correct municipality and school district.


Exception: Non-PA (out of state) residents do not complete Municipality and County information.

### For Support Service Workers

1. Use the street address where you permanently reside and pay wage/school district taxes. A P.O. Box is not considered a street address.
2. To find your residence Municipality, go to:  
<http://munstatspa.dced.state.pa.us/FindLocalTax.aspx?T=1>
3. Do not leave any areas blank (unless shaded in gray). Incomplete forms will delay processing.
4. Sign and date the form in the Certification box.

### For Common Law Employers

1. Complete the Employer Information – Employment Location section.
2. Return this form to PPL.

RESIDENCY CERTIFICATION FORM Local Earned Income Tax Withholding			
<small>SUB 93-0-13</small>			
			
<b>TO EMPLOYER/TAXPAYERS:</b>			
<small>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 to the local EIT collector. 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. Use the Address Search Application at <a href="http://www.newpa.com/act32">www.newpa.com/act32</a> to determine PSD codes, EIT rates and tax collector contact information.</small>			
EMPLOYEE INFORMATION – RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)	SOCIAL SECURITY NUMBER		
STREET ADDRESS (No PO Box, RD or HWY)			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE	TOTAL RESIDENT EIT RATE	
EMPLOYER INFORMATION – EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)	FMS OVER ZIP		
STREET ADDRESS WHERE EMPLOYEE REPORTS TO WORK (No PO Box, RD or HWY)			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE	WORK LOCATION NONRESIDENT EIT RATE	
CERTIFICATION			
<small>Under penalty 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.</small>			
SIGNATURE OF EMPLOYEE		DATE (MM/DD/YYYY)	
PHONE NUMBER	EMAIL ADDRESS		
<small>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 &amp; Economic Development website: <a href="http://www.newpa.com/act32">www.newpa.com/act32</a></small>			

**If you have any questions, please contact customer service at 1-877-908-1750.**