

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.

19	EMPLOYEE	INFORMATION - RES	IDENCE LOCATI	ON
NAME (Last, First, Middle Initial)				SOCIAL SECURITY NUMBER
FIRST LINE OF ADDRESS (IF PO BO	x, please include actual stre	eet address)		
SECOND LINE OF ADDRESS				·····
CITY	алан айтаа алан айтаа алан айтаа айтаан айтаа. Сайт	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough, Town	ship)	and the second second second second		
COUNTY				

EMPLOYER	INFORMATION - EMPL	OYMENT LOCAT	ION
EMPLOYER NAME (Use Federal ID Name)	EMPLOYER FEIN		
West York Area School District	23-1642980		
FIRST LINE OF ADDRESS (If PO Box, please include actual s	street address)		
1891 Loucks Rd. Suite 100		<i>2</i>	
SECOND LINE OF ADDRESS	5		
		2 dist. 2.1 million	
CITY	STATE	ZIP CODE	PHONE NUMBER
York	Pa	17408	717 792-2796
MUNICIPALITY (City, Borough, Township)			
West Manchester Township			
COUNTY	ESCICODES		201 MUNICIPALINON RESIDENTIES IN PRATES
York	经济 利用公式目的历		1. A state of the second state of the secon

27 - 19 - 19 19	CERTIFICATION	
SIGNATURE OF EMPLOYEE		DATE
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 Select Get Local Gov Support, >Municipal Statistics