



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; margin-top: 2px;"></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)						
COUNTY	RESIDENT PSD CODE <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 2px;"></div>		TOTAL RESIDENT EIT RATE			

EMPLOYER INFORMATION - EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name) American Pool Management LLC			EMPLOYER FEIN 232860119			
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR) 3580 Progress Drive						
SECOND LINE OF ADDRESS Suite E						
CITY Bensalem	STATE PA	ZIP CODE 19020	PHONE NUMBER 215-283-0300			
MUNICIPALITY (City, Borough or Township) Bensalem TWP.						
COUNTY BUCKS COUNTY	WORK LOCATION PSD CODE 090101		WORK LOCATION NON-RESIDENT EIT RATE 1%			

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