

3000 Twin Pines Camp Road, Stroudsburg, PA 18360

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Serving the Evangelical Congregational Church

Home of the Arvel H. Sweigart

Memorial Nature Resource Center

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## TWIN PINES

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### CAMP, CONFERENCE & RETREAT CENTER

#### MEMO

TO: All existing and new employees  
FROM: Berkheimer Tax Administrators  
FOR: Twin Pines Camp  
DATE: January 2017  
RE: Local Earned Income Tax  
Residency Certification Form

Please complete the “Employee Information – Residence Location” box (top of the form) and complete the “Certification” box (bottom of the form).

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 and Economic Development website:

[www.newPA.com/Act32](http://www.newPA.com/Act32)

Please return completed form as soon as possible to Twin Pines Camp. Feel free to call Twin Pines Camp office with any questions.

**\*\*\*Note: DO NOT email this form to Twin Pines Camp because it contains your social security number on it. Either fax it to 570-620-0664, or send it by postal mail to: 3000 Twin Pines Camp Road, Stroudsburg, PA 18360.**

-PSD Codes = Political Subdivision (PSD Codes List)

-EIT/PIT/LST Tax Information = Address Search (for Total Resident EIT Rate)



## 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 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 [www.newPA.com/Act32](http://www.newPA.com/Act32) to determine PSD codes, EIT rates and tax collector contact information.

#### EMPLOYEE INFORMATION – RESIDENCE LOCATION

NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER			
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
STREET ADDRESS (No PO Box, RD or RR)						
ADDRESS LINE 2						
CITY		STATE	ZIP CODE		DAYTIME PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)						
COUNTY		RESIDENT PSD CODE			TOTAL RESIDENT EIT RATE	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

#### EMPLOYER INFORMATION – EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN			
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)						
ADDRESS LINE 2						
CITY		STATE	ZIP CODE		PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)						
COUNTY		WORK LOCATION PSD CODE			WORK LOCATION NON-RESIDENT EIT RATE	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

#### 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

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