DCED-CLG8-06 (1-11)



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.

	ORMATION - RES	DENCE LOCATION	
NAME (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER
FIRST LINE OF ADDRESS (If PO Box, please include actual street ac	Idress)		
SECOND LINE OF ADDRESS			
CITY .	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough, Township)	<u>. </u>		
COUNTY	PSD CODE		TOTAL RESIDENT EIT RATE
	[177] [188] [18		
	DIATION TMD	OVMENTIOCAT	TON
EMPLOYER NAME (Use Federal ID Name)	RMATION - EMPL	OYMENT LOCAL	EMPLOYER FEIN
MUNICIPALITY OF MONROEVILLE			25-6004094
FIRST LINE OF ADDRESS (If PO Box, please include actual street a	ddress)		723-0004094
SECOND LINE OF ADDRESS			
2700 MONROEVILLE BOULEVARD			
MONROEVILLE,	STATE PA	ZIP CODE 15146	PHONE NUMBER 412-856-1000
MUNICIPALITY (City, Borough, Township) MONROEVILLE	<u> ' </u>		
COUNTY ALLEGHENY	PSD CODE		MUNICIPAL NON-RESIDENT EIT RAT
ALLEGIENI		i fa@ fi⊻galle orlest	
	OF BITIE (CATIO)	,	
OLONATION OF TAIN OVER	CERTIFICATIO	<u> </u>	DATE
SIGNATURE OF EMPLOYEE			DAIL
PHONE NUMBER	EMAIL ADDRESS		
	<u></u> ,		•
For Information on obtaining the appropriate MUNICIPAl please refer to the Pennsylvania Department of Communications.	LITY (City, Borough, T nity & Economic Deve	ownship), PSD COD lopment website:	ES and EIT (Earned Income Tax) RATE
	www.newPA.co		