



# EMPLOYEE RESIDENCY VERIFICATION/NAME CHANGE FORM

**EMPLOYEE INFORMATION (MUST COMPLETE ALL FIELDS BELOW)**

<b>SITE or RESTAURANT #:</b>		
<b>EMPLOYEE SOCIAL SECURITY NUMBER:</b>	<b>Check box Name Change -</b> (include copy of new Social Security Card) <input type="checkbox"/> Former Last Name:	
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Address:</b>		<b>City:</b>
<b>Resident Municipality:</b> <i>(Borough, Township, or City where you live)</i>		<b>State:</b> <span style="float: right;"><b>Zip Code:</b></span>
<b>Resident School District:</b>		<b>Resident County:</b>
<b>Home Phone Number:</b>	<b>Cell or Other Number:</b>	<b>Email Address:</b>

**EMERGENCY CONTACT INFORMATION**

<b>EMERGENCY CONTACT:</b>	<b>Relationship:</b>
<b>Emergency Contact Main Number:</b>	<b>Emergency Contact Secondary Number:</b>

**EMPLOYEE SIGNATURE (REQUIRED)**

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 I certify the above information to be correct and I understand that I must complete a new form any time this information changes. Taxes will be withheld and appropriated based on the above information I've submitted.

**PAYROLL/HR COMPLETION**

<b>Date Received:</b>	<b>Date Entered:</b>
<b>Social Security card sent for name change?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    (If No, Date Site Contacted: ___/___/___)	<b>SSN #:</b> _____ -- _____ -- _____

**PENNSYLVANIA RESIDENTS ONLY**

<b>RESIDENT PSD Code:</b>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>							<b>TOTAL RESIDENT EIT RATE:</b>
<b>WORKSITE Address:</b>								
<b>WORKSITE PSD Code:</b>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>							<b>MUNICIPAL NON-RESIDENT EIT RATE:</b>

**PAYROLL SIGNATURE:** \_\_\_\_\_  
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](http://www.newPA.com)  
 Select Get Local Gov Support, >Municipal Statistics

**PLEASE FAX COMPLETED FORMS TO PAYROLL**  
**412-464-3061 OR 412-464-3065**