



## CHANGE OF ADDRESS FORM

*(Please print except where signature is required)*

<b>EMPLOYEE NAME:</b>		
<b>Date:</b>		
<b>Contract:</b>		
<b>CURRENT HOME/MAILING ADDRESS:</b>		
<b>Street:</b>		<b>Apt.#:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>NEW HOME/MAILING ADDRESS:</b>		
<b>Street:</b>		<b>Apt.#:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>NAME CHANGE/NEW NAME:</b>		
<b>EFFECTIVE DATE:</b>		
<b>Signature of Employee:</b>		

**Please return completed form to Human Resources.**

**Thank you!**

For Human Resource Department Only: Updates: Payroll/ 401(K) _____ UHC/Kaiser _____ MetLife _____ Lincoln Financial _____
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## 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									
STREET ADDRESS (No PO Box, RD or RR)		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>									
SECOND LINE OF ADDRESS											
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER								
MUNICIPALITY (City, Borough or Township)											
COUNTY	RESIDENT PSD CODE	TOTAL RESIDENT EIT RATE									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>						<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>					

EMPLOYER INFORMATION - EMPLOYMENT LOCATION													
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN											
Odle Management		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;">2</td> <td style="width: 25px;">7</td> <td style="width: 25px;">0</td> <td style="width: 25px;">0</td> <td style="width: 25px;">9</td> <td style="width: 25px;">3</td> <td style="width: 25px;">7</td> <td style="width: 25px;">3</td> <td style="width: 25px;">0</td> </tr> </table>		2	7	0	0	9	3	7	3	0	
2	7	0	0	9	3	7	3	0					
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)													
7175 Highland Drive													
SECOND LINE OF ADDRESS													
CITY	STATE	ZIP CODE	PHONE NUMBER										
Pittsburgh	PA	15206	412-441-8700										
MUNICIPALITY (City, Borough or Township)													
Pittsburgh City													
COUNTY	WORK LOCATION PSD CODE	WORK LOCATION NON-RESIDENT EIT RATE											
Allegheny	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;">7</td> <td style="width: 25px;">0</td> <td style="width: 25px;">0</td> <td style="width: 25px;">1</td> <td style="width: 25px;">0</td> <td style="width: 25px;">2</td> </tr> </table>	7	0	0	1	0	2	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>					
7	0	0	1	0	2								

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