

Human Resources Department

Change of: Name - Address - Phone Number

Please complete these forms and return them to Human Resources. You should also inform your department/building of any changes you list below. Teachers should notify PDE.

- Also issued employee the "Municipal & School Earned Income Tax Office Form"
- Reminded employee to notify their building secretary of name/address/phone number change.

Date: _____

Job Position: _____ Building: _____

Employee Name: _____

Name Change (if applicable): _____

NOTE: We will not change your name until we receive a copy of your new SS card at HR.

New Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Human Resources Department will complete this section.

____ Frontline ____ CSIU - Phone Numbers ____ IT Dept – Phone Number Change

____ Medical ____ Business Office ____ IT Dept – Name Change

____ Dental

____ Name Change or Marital Status Change: Life, Disability, PSERS, W-4, Copy SS Card.

MUNICIPAL & SCHOOL EARNED INCOME TAX OFFICE

COLLECTOR FOR LYCOMING COUNTY TAX COLLECTION DISTRICT

UNIVERSAL CERTIFICATE OF RESIDENCE FOR EMPLOYEES

★ Check appropriate box. New Employee/Initial Form Change of Resident Address

★ **Instructions to Employees:** Complete Sections 1 & 3 and return to your employer at time of employment or change of permanent address.

Instructions to Employers: Complete Section 2 of this form to obtain accurate employee address information for use in completing the local quarterly or monthly EIT return. Also determine the correct PSD Code and Withholding Rate for the employee's domicile address in Section 1 and the PSD Code and Withholding Rate for the work location address in Section 2. Keep this form for your records together with Form W-4.

Purpose

Completion of this certificate will allow your employer to provide the local tax collector with the information required to distribute the local earned income tax withheld from your paycheck to the correct municipality and school district. You need to provide your employer with your **DOMICILE** address (i.e. permanent/principal physical address). This address may differ from your mailing address and/or the address provided on Form W-4.

Determining Your Domicile

Most individuals have just one principal place of residence and can easily determine their domicile by considering the following characteristics of one's domicile. A domicile is:

- A permanent home to which you have the intention of returning to when absent
- A voluntary fixed place of habitation that is not for a special or limited purpose
- A fixed place of habitation which you consider to be permanent rather than temporary

If you can determine your domicile using the above criteria go to **Section 1**. If not, read on.

You may maintain two or more non-temporary residences and will have to select one of those permanent residences as your domicile since you can only have ONE (1) domicile. To accomplish this, the domicile should be determined based on the place where you have the greatest connections.

The permanent residence with the greatest connections is generally where you:

- Fulfill local tax obligations
- Are registered to vote
- Maintain a driver's license and vehicle registration
- Declare residency for licenses, income tax returns or school tuition
- Spend the greatest amount of time
- Obtain a homestead or farmstead exemption on property

Your domicile does not change until you move to another location with the sincere intention of making your "new" permanent home there and abandoning your previous domicile. File a new certificate with your employer at the time this occurs.

★ SECTION 1 – EMPLOYEE INFORMATION

Based on the above guidelines, please provide the physical address you have determined to be your domicile address.

1. YOUR NAME (Last, First, Middle Initial)		2. YOUR SOCIAL SECURITY #		3. DATE MOVED TO THIS ADDRESS	
4. DOMICILE ADDRESS – Number and Street (Do Not Use PO Box)			CITY/TOWN	COUNTY	STATE ZIP + 4
5. MUNICIPALITY	PSD CODE *	RESIDENT RATE	6. SCHOOL DISTRICT		

*If you don't know this information, go to PSD Codes statewide - www.newpa.com/webfm_send/1627 or go to www.wasd.org/lycomingPSDcodes

★ SECTION 2 – EMPLOYER INFORMATION

1. EMPLOYER NAME Williamsport Area School District		2. EMPLOYER EIN) 24-0859746			
3. PLACE OF EMPLOYMENT ADDRESS – Number & Street (Do Not Use PO Box) 2780 West Fourth Street			CITY/TOWN Williamsport	COUNTY Lycoming	STATE ZIP + 4 PA 17701
4. MUNICIPALITY Williamsport	PSD CODE <small>EMPLOYER USE ONLY</small>	NON-RESIDENT RATE <small>EMPLOYER USE ONLY</small>	The Place of Employment is the physical address considered to be the Employee's base employment location. For example, a construction worker may be at multiple work sites but is based out of a set physical location. This is not necessarily the corporate headquarters location.		

★ SECTION 3 – EMPLOYEE SIGNATURE

Employee Signature	Date
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