

# BRADFORD AREA SCHOOL DISTRICT

Date:

## Personal Information Change Form

Please complete the following information if you are a new hire or if you have a name, address, or phone number change. This information is needed for the staff directory, payroll, accounts payable, technology and human resources offices. If you have any questions or concerns, please contact Sam Johnson at ext. 2502.

**For ALL name changes you must also submit a new W4 form and copies of your new driver's license AND new Social Security card**

Name: \_\_\_\_\_

eMail (Required per PSERS): \_\_\_\_\_

Former last name (if applicable): \_\_\_\_\_

**\*For all address changes, you must complete Residency Certification Form, attached.**

New address (if applicable): \_\_\_\_\_

\_\_\_\_\_

Taxing Municipality (City, or Borough, or Township): \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number (if applicable): \_\_\_\_\_

Do you want your number **listed** in the staff directory?

Yes \_\_\_\_\_ No \_\_\_\_\_ If **yes**, which one? Primary \_\_\_\_\_ Secondary \_\_\_\_\_

School: \_\_\_\_\_

Subject teaching/Position: \_\_\_\_\_ Room # \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return this form to your building's main office when complete.**

For office use only

Technology \_\_\_\_\_

Benefits \_\_\_\_\_

A/P \_\_\_\_\_

HR \_\_\_\_\_

Payroll \_\_\_\_\_



# RESIDENCY CERTIFICATION FORM

## Local Earned Income Tax Withholding

### TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be used by employers when a new employee is hired or when a current employee notifies employer of a name or address change. Use the Address Search Application at [dced.pa.gov/Act32](http://dced.pa.gov/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 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	
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 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>		TOTAL RESIDENT EIT RATE	

### EMPLOYER INFORMATION – EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	
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 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>		WORK LOCATION NON-RESIDENT EIT RATE	

### 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:

[dced.pa.gov/Act32](http://dced.pa.gov/Act32)