WEST SHORE TAX BUREAU
PO BOX 656 CAMP HILL PA 17001-0656

CERTIFICATE OF RESIDENCY

THIS FORM IS TO BE USED BY EMPLOYERS TO REPORT ESSENTIAL EMPLOYEE INFORMATION. THE FORM SHOULD BE USED WHEN HIRING NEW EMPLOYEES OR WHEN A CURRENT EMPLOYEE NOTIFIES THE EMPLOYER OF A NAME AND/OR ADDRESS CHANGE. WHEN THE FORMS ARE COMPLETE THE INFORMATION SHOULD BE SENT TO **THE EMPLOYER DEPARTMENT OF THE WEST SHORE TAX BUREAU**. FORMS MAY BE SENT TO THE BUREAU AS COMPLETED OR SENT WITH THE QUARTERLY DETAIL REPORT. THIS FORM MAY BE REPRODUCED AND ALSO MAY BE OBTAINED FROM OUR WEBSITE: www.westab.org

SOCIAL SECURITY NUMBER _____ _____ _____

RESIDENT'S NAME _____
LAST FIRST MI

MAILING ADDRESS _____
STREET ADDRESS * PO BOX NUMBER

_____
CITY/TOWN STATE ZIP

***PLEASE NOTE: JUST PO BOX NUMBER IS NOT ACCEPTABLE. MUST INCLUDE ACTUAL STREET ADDRESS!**

RESIDENT'S MUNICIPALITY _____
BORO/TOWNSHIP/CITY COUNTY

RESIDENT'S SCHOOL DISTRICT_____

RESIDENT'S MOVE IN DATE _____

SIGNATURE _____DATE_____

FED EIN NUMBER _____

EMPLOYER NAME _____

MAILING ADDRESS _____
STREET ADDRESS PO BOX NUMBER

_____
CITY/TOWN STATE ZIP

(Revised 10/20/2009 SD)