

WEST SHORE TAX BUREAU EMPLOYER DEPARTMENT
P.O. BOX 656 CAMP HILL PA 17001-0656
RESIDENCY INFORMATION FORM

THIS FORM IS TO BE USED BY EMPLOYERS TO REPORT ESSENTIAL 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 REPORT. THESE FORMS MAY BE REPRODUCED OR ORDERED FROM THE BUREAU'S EMPLOYER DEPARTMENT.

____ EMPLOYEE'S NAME _____
SOCIAL SECURITY NUMBER _____ LAST FIRST MI

MAILING ADDRESS _____
STREET/RD, PO BOX NUMBER CITY/TOWN STATE ZIP

RESIDENT MUNICIPALITY _____
CITY-BORO-TOWNSHIP COUNTY

RESIDENT SCHOOL DISTRICT _____

(Revised 1/2002)