

Local District Tax Withholding Allowance Certificate

Read instructions before completing this form. File this certificate with your employer to ensure the correct amount of local district tax is withheld from your pay.

Part 1: Employee Information

First Name and Middle Initial	Last Name	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address (Number and Street or Rural Route)		Apartment / Suite Number
<input type="text"/>		<input type="text"/>
City, Town, or Post Office	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 2: Local Taxing District

Name of Local School District	School District Number/Code
<input type="text"/>	<input type="text"/>
Name of Municipality/City (if local tax applies)	PSD Code / Municipality Code
<input type="text"/>	<input type="text"/>

Part 3: Withholding Allowances and Additional Withholding

Complete the worksheet in the instructions to determine your total number of allowances.

1. Total number of allowances you are claiming for local withholding	<input type="text"/>
2. Additional amount, if any, you want withheld from each paycheck	<input type="text"/>
3. Write "EXEMPT" if you meet the conditions to claim exemption from withholding	<input type="text"/>

Part 4: Employee Signature and Certification

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's Signature (Sign after printing)	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

Part 5: Employer Use Only (To be completed by employer)

Employer Name and Address	
<input type="text"/>	
Federal Employer Identification Number (FEIN)	Date Employment Began
<input type="text"/>	<input type="text"/>