

# CITY OF PITTSBURGH and SCHOOL DISTRICT OF PITTSBURGH RESIDENT EXEMPTION CERTIFICATE

EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

I hereby inform you that I became a resident of the **CITY OF PITTSBURGH** on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and have a liability to pay and **EARNED INCOME TAX** to the City and/or School District of Pittsburgh.

EMPLOYEE \_\_\_\_\_

EMPLOYEE ADDRESS \_\_\_\_\_

EMPLOYEE SOCIAL SECURITY NUMBER \_\_\_\_\_

If you are withholding for another Township, Borough, or Municipality please stop and direct the withholdings to the City of Pittsburgh.

\_\_\_\_\_  
CITY OF PITTSBURGH TAX COLLECTOR'S SIGNATURE  
414 GRANT ST PITTSBURGH PA 15219  
412-255-2544

\_\_\_\_\_  
DATE