

## Request for Adjustment of Local Tax Withholding

This form should only be completed by an employer who withheld tax in error for an employee who did not live or work in a municipality that levied an EIT rate. Complete one form for each tax year.

**Please attach/supply the employee's W2 with this form.**

546 Wendel Road  
Irwin, PA 15642  
Fax: 724-978-0339  
Attn: Reimbursements

### Employee and Employer Location Information

|                                  |  |                 |   |   |  |                 |   |
|----------------------------------|--|-----------------|---|---|--|-----------------|---|
| <b>Employee Name</b>             |  |                 |   | <b>Employer Name</b>                              |  |                 |   |
| <b>Employee Resident Address</b> |  |                 |   | <b>Incorrect Resident Address Used for Filing</b> |  |                 |   |
|                                  |  |                 |   |   |  |                 |   |
|                                  |  |                 |   |   |  |                 |   |
| <b>Municipality</b>              |  |                 |   | <b>Municipality</b>                               |  |                 |   |
| <b>PSD Code</b>                  |  | <b>EIT Rate</b> | % | <b>PSD Code</b>                                   |  | <b>EIT Rate</b> | % |

### Employer and Withholding Information

|                               |  |                 |   |                                     |                             |                             |                             |                             |
|-------------------------------|--|-----------------|---|-------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>Tax Year</b>               |  |                 |   | <b>Quarter(s)</b>                   | <input type="checkbox"/> Q1 | <input type="checkbox"/> Q2 | <input type="checkbox"/> Q3 | <input type="checkbox"/> Q4 |
| <b>Erroneous Work Address</b> |  |                 |   | <b>Employee Actual Work Address</b> |                             |                             |                             |                             |
|                               |  |                 |   |                                     |                             |                             |                             |                             |
|                               |  |                 |   |                                     |                             |                             |                             |                             |
| <b>Municipality</b>           |  |                 |   | <b>Municipality</b>                 |                             |                             |                             |                             |
| <b>PSD Code</b>               |  | <b>EIT Rate</b> | % | <b>PSD Code</b>                     |                             | <b>EIT Rate</b>             | %                           |                             |

|                                    |    |  |  |
|------------------------------------|----|--|--|
| <b>Requested EIT Reimbursement</b> | \$ | <b>Name of Authorized Officer for Employer</b> |  |
| <b>Check Payable to</b>            |    | <b>Title of Authorized Officer</b>             |  |
| <b>Mailing Address for Check</b>   |    | <b>Contact number</b>                          |  |
|                                    |    | <b>Email Address</b>                           |  |

If additional explanation is needed, provide detailed information on the reverse side of this form explaining why the error occurred.

By completing this form and returning it to Keystone you certify that you have provided accurate information and have the authority to complete this communication that may be subject to further verification at any time.

\_\_\_\_\_  
**Authorized Officer's Signature**

\_\_\_\_\_  
**Date**