

<b>SECTION 3 - EMPLOYER CERTIFICATION</b>
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(CERTIFICATION REQUIRED FOR PROCESSING)

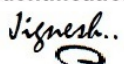
**CERTIFICATION BY EMPLOYER:** I certify that the facts shown above supporting Employee's Claim for allocation and non-taxable income are correct based on available payroll records.

	FEI/FN 16-0538020
AUTHORIZED OFFICIAL (Type or Print) Suzy Koeck	TELEPHONE # 610-864-4222
AUTHORIZED OFFICIAL (Signature)	TITLE Manager

**Questions**

1. Did you File for 2022 Refund? Yes ☒ No ☐
2. If Yes, Have You Since Changed Your Address? Yes ☐ No ☒

**Signature/Identification**

 TAXPAYER SIGNATURE	07/01/2025 DATE	_____ SIGNATURE OF PREPARER OTHER THAN TAXPAYER	_____ DATE
184-80-3961 SOCIAL SECURITY NUMBER	_____ NAME		
	_____ ADDRESS		
	_____ TELEPHONE NUMBER		
	_____ IDENTIFYING NUMBER		

<b>SECTION 4 - PROCESSING - TAX OFFICE USE ONLY</b>
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A/P CLAIM NUMBER	A/P CLAIM BATCH NUMBER	WAGE BATCH NUMBER	EMPLOYERS ACCOUNT NUMBER	REFUND AMOUNT

PROCESSED BY	APPROVED BY – DIVISION HEAD	DEPARTMENT HEAD APPROVAL (OVER \$10,000)