



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial) PADMANABHAN SARAVANAN		SOCIAL SECURITY NUMBER 651201389	
STREET ADDRESS (No PO Box, RD or RR) 5803 WINDSOR DR			
SECOND LINE OF ADDRESS			
CITY MCDONALD	STATE PA	ZIP CODE 15057	DAYTIME PHONE NUMBER 4129538535
MUNICIPALITY (City, Borough or Township) SOUTH FAYETTE			
COUNTY ALLEGHENY	RESIDENT PSD CODE 731301		TOTAL RESIDENT EIT RATE 1.00%

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name) HCL AMERICA, INC.		EMPLOYER FEIN <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR) 5803 Windsor dr			
SECOND LINE OF ADDRESS			
CITY Mcdonald	STATE PA	ZIP CODE 15057	PHONE NUMBER 4129538535
MUNICIPALITY (City, Borough or Township) SOUTH FAYETTE			
COUNTY ALLEGHENY	WORK LOCATION PSD CODE 731301		WORK LOCATION NON-RESIDENT EIT RATE 1.00%

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE P. Saravanan	DATE (MM/DD/YYYY) 04/04/2023
PHONE NUMBER 4129538535	EMAIL ADDRESS Saravanan.padma@hcl.com

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com