

# Pennsylvania New Hire Forms Descriptions and Instructions

*Unless otherwise noted, these forms and pamphlets should be distributed to new employees on or before their first day of work.*

**I-9 Form (Federal)** – The I-9 form verifies an employee’s identity and certifies that the employee is legally allowed to work in the United States. Please see the attached PDF (I-9 Instructions) issued by the IRS to assist the employer and the employee in completing the I-9 form. This form must be completed before the new employee’s first day of work. Additional forms, including I-9 supplements and further instructions, can be found on [the IRS’s I-9 page](#).

**Affordable Care Act Marketplace Notice (Federal)** – The Affordable Care Act (ACA) Marketplace notice provides information on the Health Insurance Marketplace, as well as sections to be completed by the employee. This information will be required if the employee decides to complete an application for coverage through the marketplace, and the sections are numbered to correspond to the sections on the marketplace website. This packet includes model forms for both employers who do and do not offer health insurance plans. Visit [healthcare.gov](#) for more information or to get help from a registered agent or broker.

**W-4 Form (Federal)** – The W-4 form helps the employer withhold the correct federal income tax from the employee’s pay. It is recommended that the employee complete a new form every year, and when the employee’s personal or financial situation changes. The employee should follow the instructions printed on the W-4 form. Additional information can be found on the IRS’s website by visiting the [Tax Law Questions page](#).

**REV-419 Employee’s No withholding Application Certificate (Pennsylvania)** – The REV-419 form helps the employer withhold the correct state income tax from the employee’s pay, should the employee wish to withhold a different amount for state taxes. If no REV-419 form is completed, withholding information for the state defaults to the W-4. The REV-419 is not required but is recommended. Follow the instructions included on the form to calculate state income tax withholding. Instructions for the employee are included on the form.

**Pennsylvania New Hire Reporting Form (Pennsylvania)** – Pennsylvania and Federal law require that all new hires be reported to the Pennsylvania New Hire Reporting Program within 20 days of their hire date. Employers are required to submit their EIN, corporate name, and address, as well as the new hire’s full name, mailing address, Social Security Number, and date of hire. The employer can visit [Pennsylvania’s CareerLink website](#) for more information or to register employees online.

*Please note: These instructions are not a substitute for professional legal advice and are meant only as suggestions for the use of these forms. The list above is intended to provide forms and pamphlets for most hiring situations but is in no way a guarantee. Additional forms not included in this product may be required in certain situations. It is the employer’s responsibility to read, understand, and distribute these forms correctly. Action taken based on this information is strictly at your own risk. Poster Compliance Center will not be liable for any losses or damages related to the use of these products.*

**REV-419**  
**Employee's Nonwithholding**  
**Application Certificate**

**Purpose.** Complete Form REV-419 so that your employer can withhold the correct Pennsylvania personal income tax from your pay. Complete a new Form REV-419 every year or when your personal or financial situation changes. Photocopies of this form are acceptable.

**Note:** Unless the state of residence changes, residents of the reciprocal states listed in the next paragraph do not need to refile this application every year.

**Who is Eligible for Nonwithholding?** You may be entitled to nonwithholding of PA personal income tax if you incurred no liability for income tax the preceding tax year and/or you anticipate that you will incur no liability for income tax during the current tax year, according to the Special Tax Provisions of section 304 of the Tax Reform Code, the Servicemember Civil Relief Act (SCRA) or as a resident of the reciprocal state of Indiana, Maryland, New Jersey, Ohio, Virginia or West Virginia and your employer agrees to withhold the income tax from that state.

**When to Claim?** File this certificate with your employer as soon as you determine you are entitled to claim nonwithholding. You must file a certificate each year you are eligible (see Note above for an exception). If you are employed by more than one employer you must file a separate REV-419 with each employer.

**Responsibilities of Employee.** You must revoke this certification within 10 days from the day you anticipate you will incur PA personal income tax liability for the current tax year. To discontinue or revoke this certification, submit notification in writing to your employer. Claimants who qualify for complete Tax Forgiveness under section 304 of the Tax Reform Code must file a PA-40, Pennsylvania Personal Income Tax Return, and Schedule SP to claim Tax Forgiveness even if they are eligible for nonwithholding.

Under the SCRA, as amended by the Military Spouses Residency Relief Act, you may be exempt from PA personal income tax on your wages if (i) your spouse is a member of the armed forces present in PA in compli-

ance with military orders; (ii) you are present in PA solely to be with your spouse; and (iii) you and your spouse both maintain the same domicile (state residency) in another state. If you claim exemption under the SCRA, enter your state of domicile (legal residence) on Line d below and attach a copy of your spousal military identification card and your spouse's current military orders to form REV-419.

**Responsibilities of Employer.**

If you agree not to withhold PA tax because your employee is a resident of a reciprocal state, you must withhold the other state's tax.

Retain Form REV-419 with your records. You are required to submit a copy of this certificate and accompanying attachments to the PA DEPARTMENT OF REVENUE, BUREAU OF INDIVIDUAL TAXES, PO BOX 280507, HARRISBURG, PA 17128-0507, when:

1. you have reason to believe this certificate is incorrect;
2. the PA taxable gross compensation of any employee who claimed either exemption from nonwithholding a or b below exceeds \$1,625 for any quarter;
3. the employee claims an exemption from withholding on the basis of residence in a reciprocal state (Indiana, Maryland, New Jersey, Ohio, Virginia or West Virginia) and therefore, you agree to withhold income tax of the employee's state of residence; or
4. the employee claims an exemption from withholding under the SCRA as amended by the Military Spouses Residency Relief Act.

**Department's Responsibility.** Upon receipt of any exemption application, the department will make a determination and notify the employer if a change is required. If the department disapproves the application, the employer must immediately commence withholding at the regular rate. Once a certificate is revoked by the department, the employer must send any new application received from the employee to the department for approval before implementing the nonwithholding.

Please print or type. A fill-in form may be obtained from [www.revenue.pa.gov](http://www.revenue.pa.gov).

Employee name: first, middle initial, last	Social Security Number	Telephone Number
Street Address City, State, ZIP	Tax Year (not necessary if checking Box c below)	

I claim exception from withholding because I do not expect to owe Pennsylvania personal income tax due to the reason(s) checked below:

- a. Last year I qualified for Tax Forgiveness of my PA personal income tax liability and had a right to a full refund of all income tax withheld.
- b. This year I expect to qualify for Tax Forgiveness of my PA personal income tax liability and expect to have a right to a full refund of all income tax withheld.
- c. I declare I am a resident of the reciprocal state checked below:  
 INDIANA     MARYLAND     NEW JERSEY     OHIO     VIRGINIA     WEST VIRGINIA  
 and that pursuant to the reciprocal tax agreement between that state and PA, I claim an exemption from withholding of PA personal income tax and authorize my employer to withhold income tax for my resident state on compensation paid to me in the Commonwealth of Pennsylvania.
- d. I certify I am a legal resident of the state of \_\_\_\_\_ and am not subject to Pennsylvania withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act.

Under penalties of perjury, I certify that I did not incur any Pennsylvania personal income tax liability during the preceding tax year and/or I do not expect to incur any liability during the current tax year based on the reason(s) indicated above.

Employee Signature	Date
Employer Name	Federal Employer Identification Number
Business Address	Telephone Number
City, State, ZIP	
Employer's Signature	Employee's Quarterly Compensation (not required for applicants checking Box c or d above) \$





**1. Instructions for completing this form.**

- Unless noted as optional, all fields on this form are required.
- Please type or print **legibly** in black or blue ink **only.**
- This form may be duplicated as needed.

The table at right provides details on the information to be submitted using this form.

**2. Submitting this form.**

- **By Fax:** 866-748-4473 (TOLL FREE)  
or 717-657-HIRE (717-657-4473) (Local)
- **By Mail:** Commonwealth of Pennsylvania  
New Hire Reporting Program  
P.O. Box 69400  
Harrisburg, PA 17106-9400

**3. Questions?**

Contact New Hire Customer Service at:  
888-PAHIRES (888-724-4737) for more information.

**4. Save time and postage costs.**

Online reporting is fast, free and paperless.  
For more information about how to get started, please visit

**[www.pacareerlink.state.pa.us](http://www.pacareerlink.state.pa.us)**

Or contact our customer service at 888-PAHIRES (888-724-4737)

New Hire Information that Must Be Reported	
Required Employer Information:	Required New Hire Employee Information:
<b>Employer Federal Employer Identification Number (FEIN)</b> If your company has more than one FEIN, please use the same FEIN used to report your quarterly wage information when reporting new hires.	<b>Employee Social Security Number</b> The number assigned to the individual by the Social Security Administration. <i>Please verify for accuracy.</i>
<b>Employer Company Name</b> Legal name associated with the FEIN.	<b>Employee Full Legal Name</b> First, middle and last name <i>Nicknames are NOT acceptable</i>
<b>Employer Street Address</b> Address to which income withholding orders should be sent. <i>P.O. Boxes are not acceptable</i>	<b>Employee Street Address</b> Permanent address of the new hire employee. <i>P.O. Boxes are not acceptable</i>
<b>Employer City, State and Zip Code</b> Self-explanatory.	<b>Employee City, State of Hire and Zip Code</b> Self-explanatory.
<b>Employer Contact Person Name</b> Employer’s representative authorized to answer questions on the New Hire Report, should they be contacted by our program for additional information. This can be someone from the payroll company.	<b>Employee Date of Hire</b> The first day the new hire employee performs services for wages or any other form of compensation. <i>This cannot be more than three years from the current date.</i>
<b>Employer Contact Person Phone Number</b> Phone number for the Employer Contact Person.	<b>Employee Date of Birth</b> Optional – the date of birth for the new hire employee.
Note: Multi-state employers MAY NOT use this form to report their new hire information. Multi-state employers MUST report by electronic means (Internet, SFTP), and MUST include the state of hire for each new hire employee being reported. Contact New Hire Customer Service at 888-PAHIRES (888-724-4737) for more information.	

New Hire Reporting: Lending a Hand to Pennsylvania’s Children



## New Hire Reporting Form

### REQUIRED EMPLOYER INFORMATION:

(Please type or print **LEGIBLY** in blue or black ink **ONLY**)

Employer FEIN:
Employer Name:
Employer Address (Street, City, State, Zip): <i>PO Box's are not acceptable</i>
Employer Contact Name:
Employer Contact Phone Number:
Employer Contact Fax Number:
Employer Contact Email:

Please fax this form to:

**866-PAHIRES (866-748-4473) (TOLL FREE)**

Or 717-657-HIRE (717-657-4473) (Local)

Or mail this form to:

*Commonwealth of Pennsylvania  
New Hire Reporting Program  
P.O. Box 69400  
Harrisburg, PA 17106-9400*

Questions?

Contact New Hire Customer Service at 888-PAHIRES (888-724-4737)

Or by email at: RA-LI-CWDS-NewHire@pa.gov

**This form may be duplicated as needed**

**Save time and postage costs.**

Online reporting is fast, free and paperless.

For more information about how to get started, please visit

**[www.pacareerlink.state.pa.us](http://www.pacareerlink.state.pa.us)**

Or contact our customer service at 888-PAHIRES (888-724-4737)

### REQUIRED EMPLOYEE INFORMATION: (Please type or print **LEGIBLY** in blue or black ink **ONLY**)

<b>ONE EMPLOYEE PER BOX</b>		
Employee Social Security Number		
Legal Name (First)	(Middle)	(Last)
Street Address (Post Office Box is not acceptable) Apartment Number (if available)		
Zip Code	City	State
Date of Hire (MM/DD/YYYY) (Must be within 3 years of current date)		Date of Birth (MM/DD/YYYY)

<b>ONE EMPLOYEE PER BOX</b>		
Employee Social Security Number		
Legal Name (First)	(Middle)	(Last)
Street Address (Post Office Box is not acceptable) Apartment Number (if available)		
Zip Code	City	State
Date of Hire (MM/DD/YYYY) (Must be within 3 years of current date)		Date of Birth (MM/DD/YYYY)

<b>ONE EMPLOYEE PER BOX</b>		
Employee Social Security Number		
Legal Name (First)	(Middle)	(Last)
Street Address (Post Office Box is not acceptable) Apartment Number (if available)		
Zip Code	City	State
Date of Hire (MM/DD/YYYY) (Must be within 3 years of current date)		Date of Birth (MM/DD/YYYY)

New Hire Reporting: Lending a Hand to Pennsylvania's Children