



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280904
HARRISBURG, PA 17128-0904

EMPLOYEE'S STATEMENT
OF NONRESIDENCE IN
PENNSYLVANIA AND
AUTHORIZATION TO WITHHOLD
OTHER STATE'S INCOME TAX

PLEASE PRINT OR TYPE

Employer Instructions: You must keep a copy of this form on file for each employee who claims exemption from withholding of Pennsylvania Personal Income Tax on compensation received in Pennsylvania and who authorizes withholding of income tax for another state for remittance to that state. Send the bottom portion of this form to the PA Department of Revenue, Bureau of Business Trust Fund Taxes, PO BOX 280904, Harrisburg, PA 17128-0904. Photocopies of this form are acceptable. Unless the state of residence changes, it is not necessary to refile this statement each year.

Employee Instructions: You must complete both portions of this form to claim an exemption from withholding of Pennsylvania Personal Income Tax and to authorize withholding of your state's income tax. Only residents of the states listed on this form are eligible for exemption of withholding from Pennsylvania since they are the only states with which there is a reciprocal agreement. If you change your residence from the state specified on this form, you must notify your employer and complete a new form within 10 days of that change of residence.

CUT HERE

EMPLOYER COPY (EMPLOYEE COMPLETES INFORMATION BELOW AND SIGNS)

| | |
|---|------------------------|
| Employee name: First, Middle Initial, Last | Social Security Number |
| Home Address | |
| City | State Zip Code |
| I hereby declare that, under penalties of perjury, I am a resident of the state checked below: <input type="checkbox"/> INDIANA <input type="checkbox"/> MARYLAND <input type="checkbox"/> OHIO <input type="checkbox"/> NEW JERSEY <input type="checkbox"/> VIRGINIA <input type="checkbox"/> WEST VIRGINIA and that pursuant to the reciprocal agreement between those states, I claim an exemption from withholding of Pennsylvania 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. | |
| Employee's Signature | Date |

(EMPLOYER COMPLETES INFORMATION BELOW)

| | |
|------------------|--|
| Employer Name: | Federal Employer Identification Number (EIN) |
| Business Address | Telephone Number () |
| City | State Zip Code |

CUT HERE

**COPY TO BE SENT TO THE COMMONWEALTH OF PENNSYLVANIA
(EMPLOYEE COMPLETES INFORMATION BELOW AND SIGNS)**

| | |
|---|------------------------|
| Employee name: First, Middle Initial, Last | Social Security Number |
| Home Address | |
| City | State Zip Code |
| I hereby declare that, under penalties of perjury, I am a resident of the state checked below: <input type="checkbox"/> INDIANA <input type="checkbox"/> MARYLAND <input type="checkbox"/> OHIO <input type="checkbox"/> NEW JERSEY <input type="checkbox"/> VIRGINIA <input type="checkbox"/> WEST VIRGINIA and that pursuant to the reciprocal agreement between those states, I claim an exemption from withholding of Pennsylvania 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. | |
| Employee's Signature | Date |

(EMPLOYER COMPLETES INFORMATION BELOW)

| | |
|------------------|--|
| Employer Name: | Federal Employer Identification Number (EIN) |
| Business Address | Telephone Number () |
| City | State Zip Code |