

Certificate of Residence

This form is to be used **only** by residents of States with a reciprocal tax agreement.*

Indiana Employer's Name		Employer TID Number
Employee Name Street a	and City Address	Social Security Number
The employee swears to be a legal resident of the State of		
any applicable Indiana County taxes.		
Date, '	Employee Signature	
Subscribed and sworn to before me, a Notary Public in and for said County and State, this day of		
, Notary Public Signature		
My Commission Expires	My County of Residence_	
Do not send this form to the Indiana Department of Revenue — it is to be filed with and held by the employer. *States that have reciprocal agreements with Indiana are: Kentucky, Michigan, Ohio, Pennsylvania and Wisconsin.		