

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 and City Address	Social Security Number
The employee swears to be a legal resident of the State of		
Date		
Subscribed and sworn to before	me, a Notary Public in and for said County and	1 State, thisday of
	. Notary Public Signature	
My Commission Expires	My County of Re	esidence
	orm to the Indiana Department of Revenue — it is to be fit ocal agreements with Indiana are: Kentucky, Michiga	