

C: CERTIFICATION

I hereby certify that all of the information on this form is true and correct. I understand that if my immigration status changes from that which I have indicated on this form, I must prepare and submit a new Tax Residency Information Form to the Human Resource office at my institution.

Date _____ Signature _____

To be completed by Tax Services

D: RESIDENCY STARTING DATE

Residency Start Year _____

Date in the future when individual will have met the Substantial Presence Test and becomes a Resident Alien for Tax Purposes. This date must be recalculated if any of the information on this form changes. When the employee reaches the Residency Start date, they must be treated as resident aliens for tax purposes.

E: WITHHOLDING AGENT INFORMATION

Date _____ Signature _____

Phone Number (_____) _____ Name (*Print please*) _____

Tax Services Contact Information: Ann Page at ann.page@minnstate.edu, or Steve Gednalske at , steven.gednalske@minnstate.edu.