STATE OF NEW JERSEY Department of the Treasury Division of Taxation PO Box 269 Trenton, NJ 08695-0269

Employee's Certificate of Nonresidence In New Jersey

Print or Type			
First Name	MI Last	Name	Social Security Number
Street Address			
City		State	ZIP Code
	Penn	sylvania Residents	
agreement existing between t	that State and the State of N paid to me in the State of N	ew Jersey, I claim exemption	vania and that, pursuant to a reciprocal from withholding of New Jersey Gross employer to withhold Pennsylvania
Note: If you change your residual	dence from Pennsylvania to	any other state, you must not	tify your employer within 10 days.
Date		Signature	
	М	ilitary Spouses	
exempt from New Jersey Inco	ome Tax on your wages if yo	u reside in New Jersey but ha	s Residency Relief Act, you may be ave chosen a state other than New Jersey spousal military identification card to
I certify that I am not subject t as amended by the Military Sp			under the Servicemember Civil Relief Act
Date		Signature	

New Jersey Employer

You are required to have a copy of this form on file for each employee receiving compensation paid in New Jersey and who is a resident of Pennsylvania and claims exemption from withholding of New Jersey Gross Income Tax under the reciprocal agreement between New Jersey and Pennsylvania or who claims exemption from withholding of New Jersey Gross Income Tax under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act. **Do not forward this Form to the Division of Taxation.**

This Form May Be Reproduced

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