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

Please Print or Type				
First Name	MI	Last Name		Social Security No.
Street Address				
City			State	Zip Code
		PENNSYLVAN	NA RESIDENTS	
agreement existing between	that State and th	ne State of New Jersey	y, I claim exemption fi	nnsylvania and that, pursuant to a reciprocal rom withholding of New Jersey Gross Income er to withhold Pennsylvania Personal Income
Note: If you change your	residence from P	Pennsylvania to any o	ther state, you must no	otify your employer within 10 days.
(Date) (Signature)				gnature)
		MILITAR	Y SPOUSES	
exempt from New Jersey in	ncome tax on you rders: (ii) you are	ar wages if (i) your sp e present in New Jers	oouse is a member of ey solely to be with y	ses Residency Relief Act, you may be the armed forces present in New Jersey in our spouse; and (iii) you maintain your our spousal military identification card to
I certify that I am not subjet as amended by the Military	ect to New Jersey Spouses Reside	withholding, I meet ency Relief Act.	the conditions set for	th under the Servicemember Civil Relief Act,
(Datc)			(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 entered into 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 Residence Relief Act. **Do not forward this Form to the Division of Taxation.**

MAY BE REPRODUCED

DO NOT FORWARD THIS FORM TO THE DIVISION OF TAXATION