



Form **WH-47**
SF# 9686 (R/12-97)

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 _____, does not own personal property in Indiana, and understands that income from salaries, wages, tips and commissions received from Indiana sources are taxable in their state of residence and not subject to Indiana Adjusted Gross Income Tax as a result of the reciprocal tax agreement with the State of _____. Employee further states the Indiana employer will be advised of any change in legal residence. Note: The employee understands that the employer remains responsible for withholding 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.**