

For Calendar Year: _____

I certify that I am exempt from income tax withholding in the State of North Dakota **(must meet both qualifications below)**:

I am employed by NDSU and working in the state of _____

I am a resident of the state of _____

I understand that by signing this form, North Dakota State University will not withhold North Dakota State Income Tax from my payroll earnings. *(This form applies to those that are paid by North Dakota and working in another state - If an employee works in North Dakota, however, has an address in another state, this form does not apply).*

Social Security Number: _____

Employee ID Number: _____

Employee Address: _____

Employee Name: _____

Employee Signature

Date

Please print this form.

Send this form to :
Human Resources/Payroll
Dept 3140 PO Box 6050
Fargo ND 58108-6050

Phone (701) 231-8961
Fax (701) 231-9686