



Employee's Statement of Nonresidence in Iowa

Employee's Full Name	Social Security Number
Address, City, State, ZIP	
Employer's Name	Employer's Address

Employer:

You are required to have a copy of this form on file for each employee who is a resident of Illinois receiving compensation paid in Iowa and who claims exemption from withholding of Iowa income tax under the reciprocal agreement between Iowa and Illinois.

Employee:

If you are a resident of Illinois, you may claim exemption from withholding of Iowa income tax by completing this form and filing it with your employer, under the reciprocal agreement between Iowa and Illinois.

Note: If you change your state of residence, **you must notify** your employer within 10 days.

I hereby declare, under penalty of perjury, that I am a resident of the state of Illinois and that, pursuant to an agreement existing between that state and the state of Iowa, I claim exemption from withholding of Iowa income tax on compensation paid to me in the state of Iowa.

Employee Signature:

Date: ____/____/____
44-016 (08/31/12)



Employee's Statement of Nonresidence in Iowa

Employee's Full Name	Social Security Number
Address, City, State, ZIP	
Employer's Name	Employer's Address

Employer:

You are required to have a copy of this form on file for each employee who is a resident of Illinois receiving compensation paid in Iowa and who claims exemption from withholding of Iowa income tax under the reciprocal agreement between Iowa and Illinois.

Employee:

If you are a resident of Illinois, you may claim exemption from withholding of Iowa income tax by completing this form and filing it with your employer, under the reciprocal agreement between Iowa and Illinois.

Note: If you change your state of residence, **you must notify** your employer within 10 days.

I hereby declare, under penalty of perjury, that I am a resident of the state of Illinois and that, pursuant to an agreement existing between that state and the state of Iowa, I claim exemption from withholding of Iowa income tax on compensation paid to me in the state of Iowa.

Employee Signature:

Date: ____/____/____
44-016 (08/31/12)



Employee's Statement of Nonresidence in Iowa

Employee's Full Name	Social Security Number
Address, City, State, ZIP	
Employer's Name	Employer's Address

Employer:

You are required to have a copy of this form on file for each employee who is a resident of Illinois receiving compensation paid in Iowa and who claims exemption from withholding of Iowa income tax under the reciprocal agreement between Iowa and Illinois.

Employee:

If you are a resident of Illinois, you may claim exemption from withholding of Iowa income tax by completing this form and filing it with your employer, under the reciprocal agreement between Iowa and Illinois.

Note: If you change your state of residence, **you must notify** your employer within 10 days.

I hereby declare, under penalty of perjury, that I am a resident of the state of Illinois and that, pursuant to an agreement existing between that state and the state of Iowa, I claim exemption from withholding of Iowa income tax on compensation paid to me in the state of Iowa.

Employee Signature:

Date: ____/____/____
44-016 (08/31/12)