

To: MBCR Payroll
89 South Street
8th Floor
Boston, MA 02111
Fax: (617) 737-4655

RE: Employee Name: _____
Social Security Number: _____
Position: _____
Resident State: _____

Due to the nature of my duties, I hereby certify that I perform regularly assigned duties in the following states and am exempt from state and local taxes other than my state of residence as provided under Public Law 101-322:

I understand that if it is determined that I am not qualified for this exemption, I may be responsible for a substantial tax liability, interest, and penalties. Some states may impose criminal penalties.

Employee Signature: _____

I declare that this statement has been examined by me and to the best of my knowledge and belief, it is a true, correct and complete form:

Supervisor Signature: _____

Title: _____

Date: _____ Telephone: _____

This form expires December 31 of each year and must be renewed annually. This form must be received in Payroll operations 30 days prior to the effective date. A Xerox copy of this form is acceptable as original.