

Out-of-State Work Location Form For Employees Working Outside of the State of Illinois



Purpose of this Form: State of current residence and state of primary work location must be collected for any employee that will be working outside of Illinois. This data will be used to withhold the appropriate state income tax. State tax withholding is withheld for the state in which you are working.

Instructions:

1. Upon completion of this form (employee section and department section), please submit it, as well as a W4 for each state the employee will work outside of Illinois, with employee's appointment contract paperwork. If employee's contract has already been submitted, send this form and appropriate W4(s) to the Office of Human Resources, Payroll Department, Campus Box 1040.
2. Foreign National Employees with H1-B visas or Permanent Resident cards must contact the Immigration Specialist in the Office of the Provost to complete necessary forms.
3. To terminate tax withholding for work completed in a state other than Illinois earlier than the work end date provided on the original form, please complete a new form including the employee's name and banner ID as well as the updated Out of State Work End Date.
4. To update Work Begin Date and End Date only, please complete a new form including the updated Out-of-State Work Begin and End Dates.

Employee Information

Employee Name: _____ Banner ID #: _____

Mailing Address:
(Street) _____
(City) _____ (State) _____ (Zip Code) _____

New Mailing Address
(Street) _____
(City) _____ (State) _____ (Zip Code) _____

Change of *Mailing* address Check here if Primary Work address is same as Mailing Address (i.e. teaching online courses)

Employee Signature: _____ Date: _____

Employee Work Information - Completed by Department Personnel

Job Title: _____ Department Phone #: _____
Department: _____ Department Contact: _____

Primary Work Address:
(Street) _____
(City) _____ (State) _____ (Zip Code) _____

New Primary Work Address
(Street) _____
(City) _____ (State) _____ (Zip Code) _____

Check (if applicable): Employee terminated Changing Begin and End date

Out-of-State Work Begin Date: _____ Out-of-State Work End Date: _____ Total FTE: _____ Out-of-State % of time: _____

Dept. Contact Signature: _____ Date: _____

FOR HR OFFICE USE ONLY

Reviewed by: _____ Date: _____