

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone 618.650.2190 | Fax 618.650.2696

**Purpose:** State of primary work location must be collected for any employee that will working outside of Illinois. This information is used to withhold the appropriate state income tax, if applicable. State income tax is withheld for the state in which the employee is working.

**Instructions:**

1. Complete the Employee Information section with the name and Banner ID of the employee that will be working outside the State of Illinois, their job title and job FTE, and the department for which they work.
2. Complete the Out-of-State Location section if this is a new out-of-state assignment with the date the employee will begin work outside of Illinois, the percent of total work that will be performed outside the State (should be out of 100%; **not the FTE**), and the out-of-state address. If the work location requires a state W-4 equivalent, it must be submitted to Payroll with this form.
3. Complete the Change Location/Percent section if this is an existing out-of-state assignment with a change in location or percent of out-of-state work (should be out of 100%; **not the FTE**). If the state is not changing, a new W-4 equivalent is not necessary unless the city also requires income tax to be withheld.
4. Complete the Revocation section if the current out-of-state assignment is to be terminated. Enter the date the revocation will come into effect, and check the box if the Form IL-W-4 is accompanying the form.
5. Have the employee and the department contact sign and date the form before submitting to Payroll in Human Resources.

**EMPLOYEE INFORMATION**

Employee Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Job FTE: \_\_\_\_\_ %  
Department: \_\_\_\_\_ Department Contact: \_\_\_\_\_  
Department Phone: \_\_\_\_\_

**OUT-OF-STATE LOCATION**

Begin Date: \_\_\_\_\_ Percent of Work Out-of-State: \_\_\_\_\_ % Applicable state W-4 attached  
Street: \_\_\_\_\_ Apt./Box No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**CHANGE LOCATION/PERCENT**

Begin Date: \_\_\_\_\_ Percent of Work Out-of-State: \_\_\_\_\_ % Applicable state W-4 attached  
Street: \_\_\_\_\_ Apt./Box No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**REVOCATION**

Revocation Effective Date: \_\_\_\_\_ Form IL-W-4 attached

State W-4 equivalents can be found at [sue.edu/hr/payroll/multi-and-out-of-state-taxation](http://sue.edu/hr/payroll/multi-and-out-of-state-taxation).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(HR Office) Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_