

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

**Purpose of this Form:** State of current residence and state of primary work location data 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 both employee and department sections, please submit this form along with W-4(s) for each state in which the employee will work. Attach this form to employee's appointment contract paperwork and submit to the Office of Human Resources, Payroll Department, Campus Box 1040. If employee's contract has previously been submitted, send this form along with appropriate W-4(s).
2. To update work location or percentage of out of state work, update sections A, and B of a new form.
3. To terminate tax withholding for out of state work, please submit a new form by completing sections A and C. If section C is completed, an Illinois W-4 must be attached.
4. Foreign National Employees with H1-B visas or Permanent Resident cards must contact the Immigration Specialist in the Office of the Provost at extension x3628 to complete necessary forms.

NOTE: Combined FTE% refers to total percentage of employee's jobs either on or off campus. Out-of-state % of time refers to the percentage of time employee works outside of Illinois. Per Southern Illinois University Edwardsville state and local withholding guidelines, if employee works less than 25% outside of Illinois DO NOT submit this form.

**A. Employee Information**

Employee Name: \_\_\_\_\_ Banner ID #: \_\_\_\_\_

Primary Mailing Address:

(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

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

**B. Employee Work Information - Completed by Department Personnel**

Job Title: \_\_\_\_\_ Department Phone #: \_\_\_\_\_

Department: \_\_\_\_\_ Department Contact: \_\_\_\_\_

In-State Work Location:

(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Out-Of-State Work Location:

(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Out-of-State Work Begin Date: \_\_\_\_\_ Combined FTE % : \_\_\_\_\_ Out-of-State % of time: \_\_\_\_\_

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

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

**C. Out-of-state Revocation**

Revocation Start Date: \_\_\_\_\_ ☐ Attached IL W-4

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

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

**FOR HR OFFICE USE ONLY**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_