



SOU Out of State Workplace Verification Form
Request for Exemption from Oregon State Withholding

Employee Name: Last, First Middle Initial
SOU ID (940#):

Home Address: Address Street Name Apt# (if applicable)
City, State, Zip Code: City, State Zip Code

Check box if physical worksite location is the same as home address
Physical Location of Employment (where work duties are being performed):
Address Street Name Apt# (if applicable)
City, State, Zip Code: City, State Zip Code
Dates of employment during current tax year:
Expected frequency and periods of travel to Oregon

I request exemption from Oregon State tax withholding. I neither reside in nor expect to reside in the State of Oregon. My working location is in another state or area away from Oregon.

Signature of Employee Date