

SOU Out of State Workplace Verification Form

Request for Exemption from Oregon State Withholding

Fundava Ners			
Employee Name:	,, Last,	First	Middle Initial
	Last,	FIISt	Wildule IIIItiai
SOU ID (940#):			
Home Address:	Address	Ctua at Name a	A mat H (15 11 11 11 11 11 11 11 11 11 11 11 11 1
	Address	Street Name	Apt# (if applicable)
City, State, Zip Code:	,		
	City,	State	Zip Code
Check hox if nhvs	ical worksite location is the same	as home address	
Check box ii pirys	ical worksite location is the same	as nome address	
Physical Location of Em	ployment (where work duties	are being performed):	
•	. , .	,	
Address	Street Name	Apt# (if applicable)	
City, State, Zip Code:	,		
,, , ,		State	Zip Code
Dates of ampleyment a	luring ourrant toy years		
	luring current tax year: d beyond end date, a new form must be		
,,,	,,,,,,		
Expected frequency an	d periods of travel to Oregon_		
request exemption from	Oregon State tax withholding. I	naithar rasida in nar avnact	to reside in the State of
	ion is in another state or area av	_	to reside in the State of
, , ,		, , , , , , , , , , , , , , , , , , , ,	
ignature of Employee		 Date	
ignature or Employee		Date	