

STATEMENT OF MINNESOTA RESIDENCY

Wisconsin Department of Revenue
 Mail Stop 5-144
 Post Office Box 8903
 Madison, WI 53708
 Telephone (608) 261-4907
 Fax (608) 267-0834
 Email Income@dor.state.wi.us

FOR THE
 CALENDAR YEAR
2009
 ▲ ▲ ▲ ▲
 Enter Year
 (Expires December 31)

Persons who are legal residents of Minnesota may use this form to:

1. Be exempt from the withholding of Wisconsin income taxes from wages,
or
2. Claim a refund of Wisconsin income taxes previously withheld.

PLEASE SEE THE REVERSE SIDE FOR INFORMATION BEFORE COMPLETING THIS FORM

PART A

(To be completed by employee)

Print or type your name (last, first, middle initial)	Social security number	
Permanent home address (number and street)		
City or post office	State	Zip code

PART B

(To be completed by employee)

1. On what date did you begin living at the address entered above?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> <tr> <td style="text-align: center;">mo.</td> <td style="text-align: center;">yr.</td> </tr> </table>	/	/	mo.	yr.
/	/				
mo.	yr.				
2. Were you ever a resident of Wisconsin?	Yes <input type="checkbox"/>				
.....	No <input type="checkbox"/>				
3. If you answered "yes" to question 2 above, when were you a resident of Wisconsin?	From				
	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> <tr> <td style="text-align: center;">mo.</td> <td style="text-align: center;">yr.</td> </tr> </table>	/	/	mo.	yr.
/	/				
mo.	yr.				
	To				
	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> <tr> <td style="text-align: center;">mo.</td> <td style="text-align: center;">yr.</td> </tr> </table>	/	/	mo.	yr.
/	/				
mo.	yr.				
4. What amount of wages did you earn in Wisconsin from all employers last year?	\$				
(Last year means the year prior to the year this form is for.)	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">.</td> </tr> </table> Enter zero if None	.			
.					
I declare that I am a legal resident of the State of Minnesota and that the above information is correct and complete to the best of my knowledge and belief.					
Signature	Date				
	Daytime telephone number				
	()				

PART C

(To be completed by employer if this form is being used to exempt the employee from Wisconsin withholding)

Wisconsin employer's name	Employer's Wisconsin identification (withholding) number									
University of Wisconsin System	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; text-align: center; width: 20px;">0</td> <td style="border: 1px solid black; text-align: center; width: 20px;">2</td> <td style="border: 1px solid black; text-align: center; width: 20px;">0</td> <td style="border: 1px solid black; text-align: center; width: 20px;">6</td> <td style="border: 1px solid black; text-align: center; width: 20px;">0</td> <td style="border: 1px solid black; text-align: center; width: 20px;">8</td> <td style="border: none; text-align: center;">-</td> <td style="border: 1px solid black; text-align: center; width: 20px;">6</td> </tr> </table>		0	2	0	6	0	8	-	6
0	2	0	6	0	8	-	6			
Employer's Wisconsin mailing address	Employer's telephone number									
21 N. Park St, Suite 5101	(608) 263-4389									
City or post office	State	Zip code								
Madison	WI	53715-1218								