

STATE OF OHIO  
DEPARTMENT OF TAXATION

FORM IT - 4 - NR  
8-88

**EMPLOYEE'S STATEMENT OF RESIDENCY IN A RECIPROCITY STATE**

PRINT FULL NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME ADDRESS AND ZIP CODE: \_\_\_\_\_

**Ohio Employers:**

You are required to have a copy of this form on file for each employee who is a resident of Indiana, Kentucky, West Virginia, Michigan or Pennsylvania receiving compensation paid in Ohio and who claims exemption from withholding of Ohio Income Tax under the reciprocal agreements between Ohio and these other States.

**Employees residing without Ohio and in a State with whom Ohio has reciprocity:**

If you are a resident of a State with whom Ohio has reciprocity, you may claim exemption from withholding of Ohio income tax by completing this form and filing it with your employer, under the reciprocal withholding agreements between Ohio and these States.

**Note:** If you change your residence from the state specified herein to any other state **you must notify** your employer within 10 days.

I hereby declare, under penalties of perjury, that I am a resident of the State of \_\_\_\_\_ and that, pursuant to an agreement existing between that State and the State of Ohio, I claim exemption from withholding of Ohio Income Tax on compensation paid to me in the State of Ohio.

\_\_\_\_\_  
( SIGNED )

\_\_\_\_\_  
( DATE )