



UNIVERSITY EMPLOYMENT TAX EXEMPTION REQUEST

***PLEASE NOTE ***
IT IS YOUR RESPONSIBILITY TO NOTIFY THE PAYROLL DEPARTMENT IF ANY INFORMATION ON THIS FORM CHANGES

Name: _____

Last 4 digits of Social Security #: _____

Home Address: _____

Work Location Full Address: _____

Period of Time: From _____ To _____

Due to the above circumstances, I request the following (check all that apply):

That the Philadelphia City Wage Tax not be deducted from my pay for the above period as I am working for the University of Pennsylvania full time outside of Philadelphia and I am not a resident of Philadelphia. I am not working at home for my own convenience and I am not on a scholarly or sabbatical leave of absence.

That the Pennsylvania Income Tax not be deducted from my pay for the above period as I am working for the University of Pennsylvania full time outside of Pennsylvania and I am not a resident of Pennsylvania. I am not working at home for my own convenience and I am not on a scholarly or sabbatical leave of absence.

I declare that the above statements are true, correct and complete to the best of my knowledge.

I understand that if any of the above information changes, I must notify the Payroll Tax Office.

Employee Signature: _____ Date: _____

Business Admin. Signature: _____ Date: _____