

**\*\*Please have all New Jersey and Maryland residents complete.\*\***

REV-420 AS (6-88)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF REVENUE  
BUREAU OF BUSINESS TRUST FUND TAXES  
DEPT. 280904  
HARRISBURG, PA 17128-0904

**EMPLOYEE'S STATEMENT OF  
NONRESIDENCE IN PENNSYLVANIA  
AND AUTHORIZED TO WITHHOLD  
OTHER STATE'S INCOME TAX**

PLEASE PRINT OR TYPE

**Employer Instructions:** You must keep a copy of this form on file for each employe who claims exemption from withholding of Pennsylvania Personal Income Tax on compensation received in Pennsylvania and who authorizes withholding of income tax for another state for remittance to that state. Send the bottom portion of this form to the PA Department of Revenue, Bureau of Business Trust Fund Taxes, Dept. 280904, Harrisburg, PA 17128-0904. Photocopies of this form are acceptable. Unless the state of residence changes, it is not necessary to refile this statement each year.

**Employe Instructions:** You must complete both portions of this form to claim an exemption from withholding of Pennsylvania Personal Income Tax and to authorize withholding of your state's income tax. Only residents of the states listed on this form are eligible for exemption of withholding from Pennsylvania since they are the only states with which there is a reciprocal agreement. If you change your residence from the state specified on this form, you must notify your employer and complete a new form within 10 days of that change of residence.

CUT HERE

**EMPLOYER COPY (EMPLOYEE COMPLETES INFORMATION BELOW AND SIGNS)**

Employe name: first, middle initial, last		Social Security Number	
Home Address			
City	State	Zip Code	
I hereby declare that, under penalties of perjury, I am a resident of the state checked below: <input checked="" type="checkbox"/> MARYLAND <input type="checkbox"/> NEW JERSEY			
and that pursuant to the reciprocal agreement between those states, I claim an exemption from withholding of Pennsylvania Personal Income Tax and authorize my employer to withhold income tax for my resident state on compensation paid to me in the Commonwealth of Pennsylvania.			
Employe Signature		Date	

**(EMPLOYER COMPLETE INFORMATION BELOW)**

Employer Name first, middle initial, last Villanova University		Federal Employer Identification Number (EIN) 23-1352688	
Business Address 800 Lancaster Avenue		Telephone Number (610) 519-4617	
City Villanova, PA	State PA	Zip Code 19085	

CUT HERE

**COPY TO BE SENT TO THE COMMONWEALTH OF PENNSYLVANIA  
(EMPLOYEE COMPLETES INFORMATION BELOW AND SIGNS)**

Employe name:		Social Security Number	
Home Address		State	Zip Code
City			
I hereby declare that, under penalties of perjury, I am a resident of the state checked below: <input type="checkbox"/> MARYLAND <input type="checkbox"/> NEW JERSEY			
and that pursuant to the reciprocal agreement between those states, I claim an exemption from withholding of Pennsylvania Personal Income Tax and authorize my employer to withhold income tax for my resident state on compensation paid to me in the Commonwealth of Pennsylvania.			
Employe Signature		Date	

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