

Form North Dakota Office of State Tax Commissioner
NDW-R Reciprocity exemption from withholding for qualifying
Minnesota and Montana residents working in North Dakota



12080701

Employee information:

For calendar year: 9999
SSN-99-9999 State: Minnesota Montana
FIRSTXXXXXXXXXXXX M LASTXXXXXXXXXXXXXXXXXXXX
MAILING ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXXXXXXXXXX ST ZIP99-9999 999-999-9999

Employee residency information:

1. I have lived at the above address since (month/day/year): ----- MM/DD/YYYY
2. Will you return to the above address at least once a month? ----- Yes No
(If you are a resident of Minnesota and answer "No" to this question, you do not qualify for this exemption.)
3. Were you ever a resident of North Dakota in the past three years? ----- Yes No
If yes, fill in the dates you were a North Dakota resident ----- MM/DD/YYYY to MM/DD/YYYY
4. Fill in the wages you earned in North Dakota during the previous calendar year: ----- 9999999999

Current employer information:

99-9999999 EMPLOYER NAMEXXXXXXXXXXXXXXXXXXXX
EMPLOYER ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITYXXXXXXXXXXXXXXXXXXXXXXXXXXXX ST ZIP99-9999 999-999-9999

Employee's signature:

I declare under the penalties of North Dakota Century Code §12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this form has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

Employee's signature

Date signed

Employee - Make a copy for your records. Give this completed form to your employer.

Employer - Verify that the Employer's Federal ID is correct. Make a copy for your records.

Mail this form to: North Dakota Office of State Tax Commissioner
600 E Boulevard Ave., Dept. 127
Bismarck, ND 58505-0599