

OUT OF STATE EMPLOYEE DEPARTMENTAL REPORTING FORM

SECTION A: EMPLOYEE DATA - Complete for each employee.					
Employee Name (Last, First, MI):		Employee ID:	Job Code:	Empl Rcd#:	Full/Part:
Home Address (Number, Street):		City, State, Zip Code			
SECTION B: DEPARTMENT AND WORK STATE INFORMATION - Complete general information about the employment begin/end dates and business address					
Department Name:		Department Contact:		Phone Number:	
State:	Project:	Begin Date:	End Date:	Total Projected Income:	
Business Address Where Work is being Done:			City, State, Zip code		
SECTION C: COMPLETE IF EMPLOYEE(S) RETURNS TO MINNESOTA TO WORK - Complete this section when the employee returns to work in Minnesota					
Employee Name (Last, First, MI):		Employee ID:	Date Returning to MN		
SECTION D: DEPARTMENT SIGNATURE AND DATE - Add additional comments if necessary.					
Additional Comments:					
Signature:			Date:		

This form assists Payroll Services in determining State reporting for an individual who WORKS in a state other than Minnesota. Employees working outside Minnesota are not taxed in Minnesota but may be subject to state income and tax reporting in their work state. Complete the appropriate sections of the form and submit to Payroll Services.

Fax or mail the form to Payroll Services.

Address: 1300 S. 2nd Street, Suite 545 WBOB, Minneapolis, MN 55454

Fax Number: 612-626-1053

FOR PAYROLL SERVICES USE ONLY:								
Date Processed:		State Set-up				Employee Set-up		
Employee Notification:		Registration	Company Table	GL Account	Tax Location	Tax Loc. Code	Tax Dist.	State Tax Data
Workers Comp Code:								