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COMMONWEALTH OF KENTUCKY, REVENUE CABINET
FRANKFORT, KENTUCKY 40620

See Instructions
on Reverse.

CERTIFICATE OF NONRESIDENCE

(Please Type or Print)

Name of employee _____ Social Security No. _____

Home address _____
Number and street or rural route City, town, or post office State ZIP Code

I have not been a resident of Kentucky during the year. (Check block in front of applicable statement.) I work in Kentucky and reside in:
 Illinois, Indiana, Michigan, Ohio, West Virginia, Wisconsin, or
 Virginia and commute daily to my place of employment in Kentucky. (Must commute daily to apply.)

I hereby certify that the above information is true and complete. I further certify that at any time I change my status as a resident of

_____, I will notify my employer of such fact within ten days from date of change.
Name of current state of residence

Signature of employee

Date