

**STATEMENT REGARDING ALLOCATION OF SERVICES
AND PARTIAL EXEMPTION FROM ST. LOUIS CITY TAX WITHHOLDING**

I, _____, am a **non**resident of the City of St. Louis and
(Please print your name)

receive wages for services performed for Washington University both within and outside of the City of St. Louis. I will be receiving _____% of my wages for services performed **outside** the City of St. Louis. I understand that I can only claim exemption from City earnings tax when regularly working entire days outside of the City. If I work partial days outside of the City, I am required to pay City earnings tax on the entire day. I understand that, should it be necessary, it will be my responsibility to document such time to the City of St. Louis and pay any additional earnings tax that may be due.

This allocation will remain in effect until the payroll office is notified of changes. It is the employee's responsibility to inform payroll timely when changes occur. The change will be effective on your first check after receipt of this form.

[By law, any person who knowingly makes a fraudulent claim regarding exemption from City tax will be guilty of a misdemeanor and will be subject to a fine of not more than \$500 or imprisonment for not more than six months, or both.]

Signature: _____

Employee ID #: _____ Date: _____

Email this for to payroll@wustl.edu

Washington University Payroll Services Department

Phone (314) 935-9835