

Employee's Name:	yee's Name: Social Security Number (SSN):					
Address:						
City:	State:	ZIP:		Phone Number:		
Employer's Name Wart						
Address100 Wartb	urg Blvd.					
City: Waverly	State: <u>IA</u>	_ ZIP: _5	0677	Phone Number:	(319) 352-8350	
Iowa and Illinois have a r working for wages or sala Illinois income tax. Any w Illinois and not to Iowa. Note: If you change your	ary in Iowa should co vages or salary made	omplete an e by an Illin	d file this ois reside	form with their ement working in lowe	nployer to withhold a is taxable only to	
Employer You are required to have receiving wages or salar tax under the reciprocal a	y paid in Iowa and	who claims	exempti			
Declaration: I, the under examined this document	•	•	•			
Employee Signature:				Date: (MM/DD/Y	YYY) ·	