

## Declaration of Wages for Non-Wisconsin Residents for Year 20\_\_

Please check all of the following boxes that apply:

- You reside outside of Wisconsin
- You are not a Wisconsin resident
- You are not a resident of a state with which WI has a reciprocal agreement: Illinois, Indiana, Kentucky and Michigan
- Your work is performed primarily outside of Wisconsin
- You had earned wages while present in Wisconsin that are over \$1500 in the calendar year.

If all of the boxes above are checked, you are **required** to complete and submit this form to:  
UW Shared Service, Service Operations - Payroll

Employee Name (first name, middle initial and last name)			Employee ID (if known)
Date of Birth (mm/dd/yyyy)	Phone Number	Email	
Employee Street Address (number and street)		City, State and ZIP Code	
U.S. State of Residence		UW Campus / Institution	

Indicate below the amount of allocated time worked in the **State of Wisconsin**.

Description of Work Activity	Beginning Date	Ending Date:	Number of Days *	Gross Pay Daily Rate **	Line Total (# of days x Gross Pay)
<i>Example:</i> Employee Training	mm/dd/yyyy	mm/dd/yyyy	4	\$205.00	\$820.00
<b>Total</b>					

\* This number includes weekends  
 \*\* Gross Pay Daily Rate calculation: Biweekly salary divided by 10 days OR Hourly rate multiplied by hours worked per day.

I declare that while working in Wisconsin, I am a legal resident of \_\_\_\_\_. The UW will use the data from my filed W-4 for determining taxable wages and withholding outside of this declaration. Under the penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

By approving this form, I certify I am authorized to approve these forms on behalf of the campus/division. I have personally reviewed this form for accuracy and validated the times this employee was working in the State of Wisconsin.

**HR / Payroll Coordinator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For Office Use Only			
Ticket No.	Date Received	Initials	Date Processed