



Pennsylvania Residents Signed Statement of New Jersey Non-Residency

Name:	Social Security Number:	
Daytime Phone Number:	DLN/ RE#: (from a notice you received)	
Address:		
City:	State:	ZIP Code:

Under penalties of perjury, I affirm that I am a resident of the Commonwealth of Pennsylvania and that, pursuant to an agreement existing between the Commonwealth and the State of New Jersey, I claim exemption from payment of New Jersey Gross Income Tax on compensation paid to me in the State of New Jersey.

I understand that under the agreement between Pennsylvania and New Jersey this information is available to the Commonwealth of Pennsylvania.

Signature:	Date:
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