Certification of Working Outside the State of Illinois

Date ______________________

I, ____________________________________, declare that I am working outside the State of Illinois on a temporary (60 consecutive days or greater) or permanent basis.*

Signature ______________________ Print name ______________________

UIN ______________________ Phone number ______________________

Street address where work is performed

____________________________________________________________

City, State, Zip

____________________________________________________________

UI Department name ______________________ Authorized signer of UI Department ______________________

UI Dept campus address and mail code ______________________ Printed name of authorized signer ______________________

UI Department phone ______________________

*All forms must be emailed to paying@uillinois.edu. Please contact UPB if you require a change to state tax withholding and/or to avoid taxation from more than one state.

Revision Date: 07/21/2020