



NDW-R

Reciprocity exemption from withholding for qualifying Minnesota and Montana residents working in North Dakota

▶ Please type or print in black or blue ink. Fill in circles completely.

▶ See instructions on back before completing

For calendar year: **20** _____

Employee information

Employee's name (last, first, middle initial) _____

Employee's social security number _____

Employee's permanent address _____

State (fill in applicable circle)

- Minnesota
- Montana

City _____

Zip code _____

Employee residency information

1. I have lived at the above address since (month/day/year): _____
Month/Day/Year

2. Will you return to the above address at least once a month? Yes No **If you are a resident of Minnesota and answer "No" to this question, you do not qualify for this exemption.**

3. Were you ever a resident of North Dakota in the past three years? Yes No

If yes, fill in the dates you were a North Dakota resident (month/day/year):

_____ to _____
Month/Day/Year Month/Day/Year

4. Fill in the wages you earned in North Dakota during the previous calendar year: _____

Employer information

Nocturnal Resources
Current employer's name

47-2361406
Employer's federal ID

302 N. University Drive
Employer's mailing address

701-298-0071
Phone number

Fargo
City

ND
State

58102
Zip code

Employee's signature

I declare under the penalties of North Dakota Century Code §12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this form has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

Employee's signature

Date signed

Employee's daytime phone number

Employee - Make a copy for your records. Give this completed form to your employer.

Employer - Verify that the Employer's Federal ID is correct. Make a copy for your records.

Mail this form to: Office of State Tax Commissioner, 600 E Boulevard Ave., Dept. 127, Bismarck, ND 58505-0599.