

Greetings,

Prairie View A&M University is a registered employer with other states and their local taxing jurisdictions. These states and any applicable local taxing entities have unique tax laws, and these laws vary with each state. Some states require PVAMU employees, including student workers who maintain their tax residency for that state, to have State Income Tax (SIT) and/or Local Income Tax (LIT) withheld even if they perform services outside of that state. Some states also require SIT and/or LIT to be withheld if a PVAMU employee physically works in that state even though they maintain their tax residency in Texas.

Therefore, any employee who claims residency in a state other than Texas will have SIT and or LIT deducted even if working in Texas. Any employee who physically works in a state other than Texas will have SIT and/or LIT deducted even if claiming residency in Texas.

For State Income Tax reporting purposes, please complete the ***Employee State Income Tax Verification Form*** and update, in Workday, your State and Local (if needed) tax elections and if a Pennsylvania resident completes the ***Pennsylvania Residency Certification***.

**This packet contains the following documents:**

1. Instructions to help you complete the Employee State Income Tax Verification form.
2. Employee State Income Tax Verification Form  
To be completed by **ALL** employees who work or reside in a state *other than* Texas.
3. Military Spousal Relief Act Election Form  
Complete if applicable to you.
4. [Pennsylvania Residency Certification Form](#) (***Attached for review only, you will complete in Workday***)  
**ONLY** residents of Pennsylvania are required to complete this form.  
This form is in addition to the Employee State Income Tax Verification Form.
5. [Additional PVAMU Texarkana Employee Forms](#) (***Attached for review only, you will complete in Workday***)  
**ONLY** PVAMU Texarkana Employees are required to complete these forms.  
These forms are in addition to the Employee State Income Tax Verification Form:  
(*Complete the one applicable to you*)
  - Texarkana Withholding Exemption Rules
  - AR4EC – State of Arkansas Employee’s Withholding Exemption Certificate
  - AR4EC (TX) – State of Arkansas Texarkana Employee’s Withholding Exemption Certificate
  - AR4ECSP – State of Arkansas Employee’s Special Withholding Exemption Certificate

Please complete and return all forms to [payroll@pvamu.edu](mailto:payroll@pvamu.edu) within two days of receipt.

Best Regards,

Payroll Services  
Prairie View A&M University

**Instructions for completing the Employee State Income Tax Verification Form**

**Employee Name:**

Enter your first and last name

**Employee UIN:**

Enter your University Identification Number

**Campus Location:**

Select the campus where you are employed

**Physical Work Location:**

Enter the city and state of the place where you physically work for PVAMU

**Date began at physical work location:**

If you work in a state other than Texas, list the date you began working at that location

**Residency Certification:**

Select one of the residency certifications

**First option (Texas resident):** If this option is chosen, enter the date your Texas residency began, sign, date, and return the form.

**Second option (Out-of-State resident):** If this option is chosen, complete the remainder of the form.

**Third option (Texas resident):** Choose this option if you changed your resident address in SSO because you will be moving to the state in question and **will not** be working for PVAMU or any of its System parts.

**Withholding Basis:**

Please log into Workday and update your State/Local tax election to provide a basis for deducting state/local income tax if you work and/or reside in a state **other than** Texas and it is determined you are subject to that state's income tax.

[State Income Tax Election Instructions for Workday](#)

[Local Tax Election Instructions for Workday](#)

**Military Verification:**

Select either 'Yes or No' to verify your military affiliation. Also, complete and sign page 2 if you selected 'Yes' for question #2.

Proof of your eligibility for exemption under the MRRRA will be needed. Notification of the required documentation needed to verify your eligibility will be sent once the completed SIT verification form has been received.

**Please make sure we have your correct addresses in Workday:**

**Home:** Primary Home Address = your residence address  
Additional Home Address = your mailing address

**Work:** Primary Work Address = address where you physically work (If out-of-state, list the out-of-state address)  
Alternate Work Address = address of your Department

**IF THERE ARE CHANGES** IN YOUR RESIDENCE CITY/STATE, **COMPLETE THIS FORM AGAIN** BASED ON THE CHANGE NEEDED AND SUBMIT. IT IS **YOUR RESPONSIBILITY** TO NOTIFY US OF A CHANGE SO THAT WE MAY UPDATE YOUR SIT WITHHOLDING WITHIN A TIMELY MANNER.

## Employee State Income Tax (SIT) Verification

This form is used for State Income Tax reporting purposes by Tax Compliance & Reporting to verify the physical work location and residence of employees whose payroll records show an out of state residence address. This form is to be completed by the employee. Please complete this form and return to Tax Compliance & Reporting, as noted at the bottom of the form by email, fax, or mail.

<b>Employee Name</b>	<b>Employee UIN</b>
<b>Please select your campus location:</b>	
PVAMU Main Campus____ PVAMU Northwest____ PVAMU College of Nursing Medical Center ____	
<b>Physical Work Location</b> Where you physically work for PVAMU? (City and State)	<b>Date you began at Physical Work Location</b> If you physically work in a state other than Texas, please list the <b>date</b> you began working in that state for PVAMU.
City: _____ State: _____	MM____ DD____ YY____
<b>Residency Certification</b>	
The payroll records show you claim residency in a state other than Texas, is that correct?	
<input type="checkbox"/> <b>No</b> , I certify that I am a bona fide resident of the State of Texas and not subject to state income tax withholding of any other state. <i>(If this option is chosen, enter the date your Texas residency began, sign, date, and return to <a href="mailto:payroll@pvamu.edu">payroll@pvamu.edu</a> (You must update your Primary home and work addresses in Workday) <b>Date Texas residency began: MM____ DD____ YY____</b></i>	
<input type="checkbox"/> <b>Yes</b> , I certify that I am a resident of the state indicated below and subject to the state income tax withholding of that state. <i>(If this option is chosen, complete the next two lines, sign, date, and return to <a href="mailto:payroll@pvamu.edu">payroll@pvamu.edu</a>)</i>	
<b>City and State you claim residency in:</b>	City: _____ State: _____
<b>Employee Mailing Address (City and State only)</b>	City: _____ State: _____
<input type="checkbox"/> <b>No</b> , an out-of-state residence is listed for me because I am/will be moving to that residence due to my PVAMU employment ending on _____ or going on LWOP effective _____ <i>(Enter the dates associated with each option).</i> By selecting this option I am certifying that I will <b>not</b> be working for PVAMU while residing out-of-state. <i>(If this option is chosen, you may skip the remainder of this form, sign, date, and return to <a href="mailto:payroll@pvamu.edu">payroll@pvamu.edu</a>)</i>	

### WITHHOLDING BASIS

Please log into Workday and update your State/Local tax election to provide a basis for deducting state/local income tax if you work and/or reside in a state **other than** Texas and it is determined you are subject to that state's income tax.

[State Income Tax Election Instructions for Workday](#)

[Local Tax Election Instructions for Workday](#)

### MILITARY VERIFICATION

- YES NO
- Are you currently serving in the Armed Forces?
- Are you the spouse of someone serving in the Armed Forces?  
If you are a military spouse, please complete page 2.  
If you are not a military spouse, please disregard page 2.

Please make sure we have your correct addresses in Workday.

**\*\*IF THERE ARE CHANGES** IN YOUR RESIDENCE CITY/STATE, **COMPLETE THIS FORM AGAIN** BASED ON THE CHANGE NEEDED AND SUBMIT. IT IS **YOUR RESPONSIBILITY** TO NOTIFY US OF A CHANGE SO THAT WE MAY UPDATE YOUR SIT WITHHOLDING WITHIN A TIMELY MANNER.

\_\_\_\_\_  
Employee Name—Print

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Complete only if you are a Military Spouse

### Military Spouse Residency Relief Act (MSRRA)

A military spouse is exempt from income taxes in a state where income was earned when all four qualifications are met:

- The spouse currently resides in a state different than the state of his or her domicile;
- The spouse resides in the state solely to live with the service member;
- The service member is present in the state in compliance with military orders; and
- The spouse and service member are both able to claim the same domicile.

Please click the below link for more information on the Military Spouse Residency Relief Act  
[http://www.taxadmin.org/fta/rate/s\\_475.pdf](http://www.taxadmin.org/fta/rate/s_475.pdf)

**If you are a military spouse, please select the correct box to answer the following questions:**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Do you reside in a state different than the state of your domicile? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you reside in the state solely to live with the service member?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the service member in the state due to military orders?          | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you and the service member able to claim the same domicile?     | <input type="checkbox"/> | <input type="checkbox"/> |

Proof of your eligibility for exemption under the MRRRA will be needed. Notification of the required documentation needed to verify your eligibility will be sent once the completed SIT verification form has been received.

\_\_\_\_\_  
Employee Name—Print

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**SUBMIT FORM(S) TO:**  
Prairie View A&M University  
Payroll Services  
Tax Compliance & Reporting

**SUBMIT VIA:**  
Email: [payroll@pvamu.edu](mailto:payroll@pvamu.edu)  
Fax: [\(936\) 261-1904](tel:936-261-1904)

**QUESTIONS:**  
[payroll@pvamu.edu](mailto:payroll@pvamu.edu)