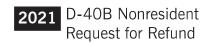


**◆**STAPLE W-2s and OTHER WITHHOLDING STATEMENTS HERE ► STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT <u>BEHIND</u> THIS FORM





Important: Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

Personal information								OE	ICIAL I	JSE ONL	v		
Your first name	M.	.I. Last na	me							D#00			
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Your Taxpayer Identification Number (TIN) You	ur date of birth (MMI	DDYYYY)		Daytir	me phone i	number							
										П			
Current mailing address (number, street and suite/apartmen	t number if applicab	le)											
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Country or U.S. commonwealth/U.S. territory			-			-							
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Email Address			_										
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Review categories A - B below and attach you below.  A. Commuter/Domiciliary State Exemption: I from my place of residence to work in the and my only income from sources within E state abbreviation for your domiciliary or lethan 183 days. (see instructions). DC tax  B. Military spouse exemption: If your non-reresident or elected to use the same resident Form 2058. You must complete and attact.  C. List the type and location of any DC real positions.	I declare that du District of Colu DC was from wa egal state of res was erroneouslesident military nce as your non th a copy of DD	uring the mbia (DC ages and idency). Iy withhe spouse were sident	taxable y c) or I wa salaries, I did not Id from s vas in the military	ear show s a domic which ar maintair alary and armed s spouse, e	on above ciliary or subject a placed wages dervices center the	I eith legal t to ta e of ab paid t during	resicer co resice exation code to me g 202	mmu dent on by n by n 1, ar	ted on the (enter a for	n a da state r the 2 i total iployer i are r	illy basi listed 2 letter of more 1.	s	oxes
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Address #1 (number, street and suite/apar  Address #2 (number, street and suite/apar	tment number if	f applicab	of proper lle)			I		nearest	dollar. If	· amount	is zero, lea	ave line	blank.
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