



Tax Home Notification Form

Last Name: _____ First Name: _____

Social Security Number: _____

The IRS requires that you pay taxes on all travel expense reimbursement and housing benefits UNLESS you are maintaining a Permanent Tax Residence, or tax home, while on assignment for us. This form is designed to give us the required information about your “tax home”.

If you have any questions regarding your permanent tax residence and/or the tax liability of travel or housing benefits – please contact your tax advisor.

A permanent tax residence is defined as:

- A permanent tax home must be separate from your temporary address and there must be a realistic expectation that you will return to and live in your home; **and**
- You have reasonable and significant expenses for maintaining that home while you are on assignment; **and**
- You meet a minimum of one of the following criteria:
 1. You lived in your permanent tax residence immediately prior to your current employment, **or**
 2. You frequently use this residence for your own lodging.

The permanent tax residence must be your **living** quarters (not a PO Box or Storage Unit) and should be far enough from your assignment that it is not practical for you to return to this residence each night for lodging.

Your tax home must be a residence, in livable condition, that requires a financial commitment from you during your assignment.

The IRS will consider any employment away from home, in a single location, for more than one (1) year to be permanent, not temporary. Therefore any housing and travel benefits would be subject to FICA withholdings taxes, and all other applicable Federal and State withholding taxes, as mandated by government regulations.

Please complete and return this form to MedFirst Staffing, LLC as soon as possible.

Do you have a Permanent Tax Home as defined above? Yes No

If yes, please list the address below.

Street Address: _____ Apt #: _____

City: _____ State _____ Zip Code _____

I certify that the above statements are true to the best of my knowledge, and I agree to notify MedFirst Staffing, LLC, in writing, immediately, of any changes to my permanent address.

I acknowledge, by signing this form, that I have been advised by MedFirst Staffing, LLC to consult with a tax advisor when completing this form.

Additionally, I understand that any false representations or misrepresentations made by me, on this form, may subject me to additional taxes, penalties, and interest payable to the IRS for which I agree to take full responsibility.

Signature: _____ Date: _____

If you do not complete this form and return it to MedFirst Staffing, LLC or if you do not meet the criteria for a “tax home”, we will withhold all taxes accordingly.