



Employee Tax Jurisdiction Setup Sheet

Jobsite Employer: _____ City/State/Zip: _____

Name (Print): _____

Last four of Social Security Number: XXX-XX- _____

Residence Information
(where you live)

Worksite Information
(where you work)

City/Township/Borough/Parish _____

County _____

School District _____

State _____

Zip Code _____

1. Are you the spouse of an active duty service member stationed in Guam? Yes No

2. For employees who live in US possessions, have you lived there for more than 183 days in this tax year?
 Yes No

EMPLOYEE SIGNATURE: _____

Date: _____

If you have any questions about this form, please call (850) 476-5100 or (800) 888-0472 and ask for Document Management.