



Form MWR, Reciprocity Exemption/Affidavit of Residency for Tax Year 2023

For Michigan and North Dakota residents who work in Minnesota.

Read instructions on back.

Employees: Complete this form and give it to your employer.

Employee's Last Name	First Name and Initial	Employee's Social Security Number
Permanent Address		
City	State (check one) <input type="checkbox"/> Michigan <input type="checkbox"/> North Dakota	ZIP Code

- 1 If you earned wages in Minnesota during the previous year, enter the wages you earned \$ _____
(Round to the nearest dollar)
- 2 How long have you lived at your permanent residence? From _____ to _____
(month/year) (month/year)
- 3 Do you return to your permanent residence at least once a month? Yes No
If your answer is no, STOP HERE. You do not qualify for the reciprocity exemption.
- 4 Were you ever a resident of Minnesota? Yes, from _____ to _____ No
(month/year) (month/year)

Current Employer's Name		Employer's Federal Tax ID
University of Minnesota Crookston		41-6007513
Employer's Mailing Address		Employer's Phone Number
2900 University Ave		218-281-8346
City	State	ZIP Code
Crookston	MN	56716

*I declare that the above information is correct and complete to the best of my knowledge and belief.
I understand there is a \$500 penalty for making false statements.*

Employee's Signature	Date	Employee's Phone Number
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Employers: Mail this form to:
Minnesota Department of Revenue
Mail Station 6501
600 N. Robert St.
St. Paul, MN 55146-6501

Keep a copy for your records.

Note: If this form is not filled out completely, you must withhold Minnesota income tax from wages earned in Minnesota.

