



## Declaration of State Residency

Purpose: The purpose of this form is to allow Apollo Group, Inc employees and faculty members to declare a state of residency for state income tax withholding purposes as allowed by the **Military Spouses Residency Relief Act**.

Employee/Faculty Name: \_\_\_\_\_ SSN \_\_\_\_\_

State Spouse is Stationed: \_\_\_\_\_

Effective Date of Orders: \_\_\_\_\_

*Please declare withholding state by checking the appropriate box and indicating the state:*

- My spouse and I maintain a legal residence or domicile in \_\_\_\_\_.
- I choose to have applicable income taxes withheld for my resident state.

**OR**

- My spouse and I do not maintain a legal residence or domicile in any state in the U.S. I choose to have applicable income taxes withheld for \_\_\_\_\_, the state where my spouse is stationed and I currently live and work.

*\*\* Please attach completed applicable state and local withholding forms. \*\**

\_\_\_\_\_  
Employee/Faculty Signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Printed Name

**Note: Apollo Group, Inc. does not provide legal or tax advice. Employees and faculty members are responsible for their declarations and personal income tax liabilities.**