



11410 SW 68th Parkway, Tigard OR 97223  
Mailing Address – PO Box 23700, Tigard OR 97281-3700  
Toll free – 888-320-7377 fax – 503-598-0561  
Website – <http://oregon.gov/pers>

## Instructions for completing PERS Residency Status Certification

### General information

- Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.
- Do not change anything on the form; alterations will void the form.
- Sign and date the form, and mail it to PERS at PO Box 23700, Tigard OR 97281-3700.

### Section A: Benefit recipient information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

Fill in the Benefit recipient information section completely.

- Enter your PERS ID number. If you do not know your PERS ID number, leave the space provided blank. Your PERS ID number can be found on your annual statement(s). If you provide your PERS ID number, providing your Social Security number (SSN) is voluntary. If you do not supply a PERS ID number, you must supply your SSN.
- Enter your date of birth.
- Enter your day and evening phone numbers, including the area codes. Include your extension number if you have one.
- If you do not have an email address or prefer not to be contacted through email, leave that space blank.

### Section B: Residency certification (required)

By law you must declare if your benefit payment(s) will be subject to Oregon state income tax based on your state of residency.

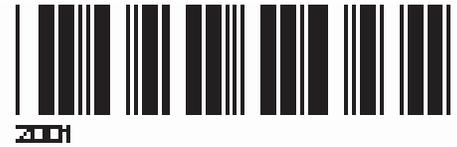
You must check one of the statements in Section B.

You must also sign the form to declare your residency.

Unsigned forms will be returned for signature, which may cause a delay processing your benefits.

Please note: Certifying your residency does not stop or start Oregon state income tax withholding from your PERS benefit. Use the [W-4P](#) form to stop or start Oregon state income tax withholding.

Following receipt of a completed Residency Status Certification form, PERS will restore or remove the tax remedy with the benefit payment received on January 1 of the following year.



## PERS Residency Status Certification

**Section A: Benefit recipient information** (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name	MI	Last name	PERS number (optional)
Day phone number	Evening phone number		Social Security number
Email (optional)			Date of birth (mm-dd-yyyy)

**Section B: Residency certification (required)**

Choose one of the statements below.

- I am a resident of the state of Oregon. PERS benefit payments made to me **are subject** to Oregon income tax.
- I am a resident of the state of Oregon. I do not earn enough income to file a tax return in Oregon.
- I am not a resident of the state of Oregon. PERS benefit payments made to me are **not subject** to Oregon income tax by reason of non-residency.

I hereby declare that the above statement is true to the best of my knowledge and belief, and I understand it is subject to penalty for perjury.



\_\_\_\_\_  
**Benefit recipient signature** (do not print)

\_\_\_\_\_  
 Date

**Office use only**