



I have read and understand the Tax Home Information & Determination Requirements document. I acknowledge and understand that the purpose of this document is to determine tax-free reimbursement/per-diem/stipends. I also acknowledge and understand that Millenia Medical Staffing is

***informing me to consult with a tax advisor***

in completing this declaration. I understand that if I provide an incorrect statement I may subject myself to federal, state and local taxes, penalties, and interest for which I take full responsibility. I further understand that I am responsible for notifying Millenia Medical Staffing in writing should my Tax Home status change, and I am no longer eligible for Tax Home exemption.

I, \_\_\_\_\_ (Print Declarant's Full Name) declare that: **(only choose one)**

**Option 1.** I qualify for the Tax Home Exemption.

My Tax Address is: (No PO Box allowed)

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**Option 2.** I do **NOT** qualify for the Tax Home Exemption, because my permanent tax home is within commuting distance and/or my assignment will exceed the one year limit. I understand that allowances for meals, lodging, and travel, etc. will be treated as taxable income, subject to withholding.

Permanent Mailing Address:

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**I understand that I must make this representation with each new assignment or extension. If my tax home changes, I am required to notify Millenia Medical Staffing.**

Declarant's Signature

Date

Declarant's Social Security Number