



Form MWR, Reciprocity Exemption/Affidavit of Residency for Tax Year 2021

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) ZIP Code
 Michigan North Dakota

- 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

Employer's Mailing Address Employer's Phone Number

City State ZIP Code

*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

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.