

This form must be completed for each assignment and should be returned with your signed job offer.



Premier Healthcare Professionals

TAX HOME AFFIDAVIT FORM

I have completed the Tax Home Status Assessment worksheet and have had the opportunity to consult with my tax advisor, as I feel appropriate, and now confirm the following good faith determination (please check the most appropriate box below).

1. **I maintain a permanent tax home** and the address of that tax home is (mandatory and consistent with W-4):

I would like to take advantage of the tax-free meal per diem, housing and mileage benefits when possible. I understand that the fact that I have a tax home does not guarantee tax-free travel benefits as other requirements must also be met.

-or-

I do not wish to receive the tax free meal per diem, housing and mileage benefits, or I do not qualify because my permanent tax home is within commuting distance and/or my assignment will exceed the one year limit.

I understand that I must make this representation with each and every new assignment or extension. If my permanent tax home changes, I must notify PHP immediately. I also understand that as generally required by State tax law (except for certain States with reciprocity), State income taxes will be withheld from my taxable compensation based upon the state of my assignment. In some cases partial withholding will also be required for my tax home State and for a few States, both State taxes must be fully withheld.

-or-

2. **I do not maintain a permanent tax home.** I therefore understand that the IRS considers my tax home to be the temporary lodging for my assignment with PHP.

I understand that without a permanent tax home, all lodging costs or allowances, mileage reimbursements and other transportation costs and meal per diem benefits paid to me or provided on my behalf will be treated as taxable compensation reported on Form W-2 and subject to applicable taxes.

Print Name

Social Security Number

Signature

Date