

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 or SSN. If you do not know your PERS ID, leave the space provided blank. Your PERS ID can be found on your annual statement(s). Providing your Social Security number (SSN) is optional.
- Enter your date of birth.
- Enter your home phone, work phone, and cell phone number, including area codes. Include your extension number if you have one.
- Provide your personal email address. Confirmation and follow up letters are sent via email whenever possible.

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.

Section C: Signature (required)

- You must sign the form to declare your residency.
- Unsigned forms will be returned for signature, which may cause a delay processing your benefits.
- Your signature must be handwritten, do not print.
- Electronic and digital signatures are not accepted.

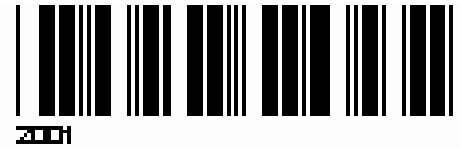
Please note: Certifying your residency does not stop or start Oregon state income tax withholding from your PERS benefit. Use the [W-4P](#) form to stop or start Oregon state income tax withholding.

Your residency status to determine if you are eligible for a “tax remedy” will be based upon the date the PERS Residency Status Certification form is received by PERS. Your Oregon residency certification shall be effective as follows:

- (a) The first day of the following calendar month, if received between January 1 and April 15,
- (b) The first day of the following calendar year, if received on or after April 16.



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 – <https://oregon.gov/pers>



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 ID (optional)
Home phone	Work phone	Cell phone	Social Security number (optional)
Personal email			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.

Section C: Signature (Electronic and digital signatures will not be accepted.)

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.

Signature (do not print, must be a handwritten signature)

Date

Office use only