

Medical Staffing Partners

PERMANENT TAX HOME NOTIFICATION

The Internal Revenue Service (IRS) requires that you pay taxes on travel expense reimbursement and housing benefits unless you are maintaining a residence while on assignment with us. This form will provide information about your tax home.

The IRS criteria used to determine whether you are maintaining a permanent tax residence is outlined below:

1. There must be a realistic expectation that you will return to and live at your home, and your tax home must be separate and distinct from your temporary address; and
2. You are paying to maintain your permanent tax residence while you are on assignment (i.e. rent, mortgage, room and board); and
3. Generally, you must meet at least one of the following criteria:

You lived at your permanent tax residence immediately prior to your current employment, or
You have either a family member utilizing the residence, or you utilize this residence frequently for the purpose of your own lodging.

The permanent tax residence must be your habitable living quarters and should be at least 50 miles away from your temporary residence. Payments to maintain your personal tax residence must be real and substantial.

The IRS considers employment away from home in a single location that exceeds or may exceed one year, to be indefinite, not temporary. Under these conditions, housing and travel benefits would be subject to withholding.

You should consult your Tax Advisor regarding your permanent tax residence and tax liability of travel and housing benefits.

Last Name: _____ First Name: _____

Social Security Number: _____

Do you have a permanent tax home as defined above? Yes: _____ No: _____ If yes, please list the address below.

Street Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip Code: _____

If you do not return this completed form to us or if you do not meet the "tax home" criteria, the IRS requires that we treat travel and housing benefits as income, and Medical Staffing Partners, Inc. will withhold taxes accordingly.

I certify that the above statements are true to the best of my knowledge, and I agree to notify Medical Staffing Partners, Inc. in writing if any of the above conditions change. I acknowledge that I have been advised to consult with a tax advisor in completing this form. Furthermore, I understand that false representation made on this form may subject me to additional taxes, penalties, and interest payable to the IRS for which I agree to take full responsibility.

Signature: _____ Date: _____