

# Tax Home Statement

REVISED 1/01/2007

Please complete this form after you have reviewed the Tax Home Information located in the Housing section of the Medstaff website, [www.medstaffinc.com](http://www.medstaffinc.com), with your tax advisor. If the basis for your representation of your tax home status on this form changes during the course of an assignment, you must notify MEDSTAFF HEALTHCARE SOLUTIONS, INC. (MSI) immediately and a new form will be required. If the circumstances warrant, MSI reserves the right to inquire into or audit the accuracy of your response and to ask for additional information from you. The information provided to MSI on this form should be consistent with the information that would be provided to taxing authorities, if requested.

**This form must be returned prior to your assignment start date. If no form is returned the traveling healthcare professional's tax status will automatically be defaulted to TAXABLE. This status can be adjusted going forward upon the receipt of a completed form, but no refunds will be given.**

Please check the appropriate box:

- I represent in good faith that I have a tax home at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- OR -

- I do not maintain a tax home. I understand that because I do not maintain a tax home, my housing benefits will be treated as taxable wages.

I further understand that false representations made on this form may subject me to taxes, penalties and interest payable to the Internal Revenue Service, and state and local taxing authorities, for which I agree to take full responsibility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

For Office Use Only:

Date Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Processed By: \_\_\_\_\_

Date Processed: \_\_\_\_\_