



## HOUSING ALLOWANCE REPRESENTATION FORM

In order to receive a housing allowance tax-free, I understand that in addition to the tax-home, commuting and one-year limit rules, I must incur lodging expenses for temporary overnight stays because the assignment requires me to be away from my permanent tax home.

For this purpose, "lodging expenses" might include motel costs, apartment or apartment sharing rent and utilities (gas, electric, and water). Personal expenses for items such as cable TV, telephone, internet service, etc. do not qualify as lodging expenses for this determination.

By signing below, I attest that I am or will be incurring temporary lodging expenses while I am working at the temporary assignment in \_\_\_\_\_ (city & state) that starts \_\_\_\_\_ (date) while away from my regular tax home.

I agree to notify Destination Healthcare Staffing immediately if my situation changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Return completed form with packet or with your first time sheet**

*For housing allowances to be considered non-taxable, this completed form must be received with or prior to receipt of the first time sheet for your assignment. If completed form is received after any allowances have been paid, no retroactive payroll tax withholding adjustments will be made.*