



STATE OF NEVADA
DEPARTMENT OF TAXATION

Web Site: http://tax.nv.gov

1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 687-9999
Fax: (775) 688-1303

BRIAN SANDOVAL
Governor

JAMES DEVOLLD
Chair, Nevada Tax Commission

WILLIAM D. ANDERSON
Executive Director

LAS VEGAS OFFICE
Grant Sawyer Office Building, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

Affidavit of New Employees Veteran Status for Modified Business Tax

During Nevada's 2015 Legislative Session, Assembly Bill No. 71 (AB 71) was passed and signed into law by Governor Sandoval. This bill amended Chapters 363A and 363B of NRS, Modified Business Tax, adding new sections that allows a deduction of wages paid to certain veterans as explained below. The employer may deduct the veteran employees' wages from the total amount of wages paid by the employer, during the first four calendar quarters following the hiring of the veteran employee, and 50 percent of the wages paid by the employer to the veteran employee during the 5th through 12th calendar quarters following the hiring of the employee, providing that the following conditions have been met.

- 1. The employee is a veteran as defined in NRS 417.005.
2. The employee is first hired by the employer on or after July 1, 2015, and on or before June 30, 2019.
3. The employee has been unemployed for a continuous period of not less than 3 months immediately preceding the date of hire and has been receiving unemployment compensation continuously for that period.
4. The employee is employed in a full-time position throughout the entire calendar quarter for which the deduction is claimed.

If you hire a new employee who meets the required conditions and you intend to deduct his or her wages from the total wages reported for Modified Business Tax, please provide the following information and complete the following Certification. This certificate must also be accompanied by documentation from the employee verifying the unemployment compensation. This documentation can be a copy of the new employee's "Claimant Home Page" which the employee can download from the ESD web site.

Please mail this Certification to the Carson City address, as shown above, ATTN: Terri Upton

Employee Name: _____ Date of Hire: _____

I, _____, certify under penalty of perjury that the above named employee meets the requirements specified in paragraphs 1, 2, 3 and 4 above and that this employee meets all qualifications for the position of employment for which he or she is hired and that the employee was not hired to replace another employee or, if so, the replaced employee left voluntarily or was terminated for cause.

Signature: _____ Date of Signature: _____

Company: _____

Employer Taxpayer Identification Number: _____ Phone Number: _____