



**STATE OF NEVADA  
DEPARTMENT OF TAXATION**

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**Affidavit of New Employees Veteran Status for Modified Business Tax**

Pursuant to Nevada Revised Statutes ("NRS") 363A.133 and NRS 363B.113 effective through July 31, 2022

If you hire a new employee who meets the required criteria and you intend to deduct his or her wages from the total wages reported for Modified Business Tax, please check each box below and provide all supporting documentation along with the certification.

An 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 criteria has been met:

- ☐ The employee is a veteran as defined in NRS 417.005.
- ☐ The employee was first hired by the employer on or after July 1, 2015, and on or before June 30, 2019.
- ☐ 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.
- ☐ The employee is employed in a full-time position throughout the entire calendar quarter for which the deduction is being claimed.
- ☐ The employee meets all requirements defined in NRS 363A.133 and/or NRS 363B.113 and was not hired to replace another employee or, if so, the replaced employee left voluntarily or was terminated for cause.
- ☐ Along with the certification below, required documentation is enclosed from the employee to support the qualifying criteria. (I.e. copy of DD214 along with proof from the Employment Security Division ("ESD") verifying the unemployment compensation which may be found on the Claimant Home Page of the ESD website).

**Please mail this Certification to:  
Nevada Department of Taxation  
ATTN: Jodie Tonkin  
1550 E College Pkwy Ste 115  
Carson City, NV 89706**

Employee Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

I, \_\_\_\_\_, certify under penalty of perjury that I have read the NRS mentioned above and have a complete understanding of the criteria regarding this deduction. Therefore, by checking each box and signing below, I certify the above-named employee meets all criteria.

Date of Signature: \_\_\_\_\_ Nevada Taxpayer ID #: \_\_\_\_\_

Business Entity Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name of Signer: \_\_\_\_\_

Title of Signer: \_\_\_\_\_ Phone Number: \_\_\_\_\_