#4 Attachment 4
Home Office Certification

Agency Name and Agency Code:
Name of Employee:
Title of Employee:
Social Security Number/SPS I.D.#

I hereby certify the following: **Employee must meet A & B to qualify**

A. **I have a qualified home office that meets <u>ALL</u> of the following four requirements**:

1. Exclusive use: it is a specific area of my home used <u>only</u> for business or trade and I have that area as a home office for the convenience of the State;

2. Regular use: it is used on a regular and continuing basis;

3. Use for trade or business: it is used in connection with trade or business; and

4. The home office is at least one of the following:

   (a) My principal place of business, where I do the administrative or management activities of the State's business because there is no other fixed location where I conduct substantial administrative or management of the State's business); or

   (b) The place where I meet and deal with clients or customers in the normal course of your trade; or

   (c) A separate structure used in connection with my trade.

AND

B I regularly use the State vehicle assigned to me solely to travel from my home office to other work locations in the course of my duties as a State employee.

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of this certification are true.

Signature:
Date: