



# Employer Affidavit

Employee, Spouse and/or Dependent  
Without Taxpayer Identification Number  
Wis. Stat. § 40.22

Wisconsin Department  
of Employee Trust Funds  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

This form is an acknowledgement by the Wisconsin Retirement System (WRS) employer that the employer has requested and performed due diligence to obtain the WRS eligible employee<sup>1</sup>, spouse, and/or dependents' Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN). Providing the Department of Employee Trust Funds (ETF) with accurate identifying information for WRS benefit and/or Insurance Program (if applicable) purposes is a WRS employer responsibility.

If an SSN or ITIN is not available, the employer is responsible for completing and signing Section 3 of this affidavit. The employer is also responsible for providing a nine-digit number that will be used to identify this employee, spouse, and/or dependent in ETF systems.

<b>Section 1:</b> Complete only if employee/subscriber does not have a taxpayer identification number. Must also complete Section 3.		
Employee Name	Date of birth (MM/DD/YYYY)	Nine-digit number

<b>Section 2:</b> Complete only if employer participates in ETF-administered insurance program(s) and the spouse and/or dependent(s) do not have a taxpayer identification number. Must also complete Section 3.		
<b>Employee</b>		
Last name, first, middle initial	Date of birth (MM/DD/YYYY)	SSN or ETF ID

<b>Spouse</b>		
Last name, first, middle initial	Date of birth (MM/DD/YYYY)	Nine-digit number

<b>Dependent Child(ren) (Use additional sheets if necessary.)</b>			
Last name, first, middle initial	Relationship to Employee	Date of birth (MM/DD/YYYY)	Nine-digit number
Last name, first, middle initial	Relationship to Employee	Date of birth (MM/DD/YYYY)	Nine-digit number
<b>Last name, first, middle initial</b>	Relationship to Employee	Date of birth (MM/DD/YYYY)	Nine-digit number
Last name, first, middle initial	Relationship to Employee	Date of birth (MM/DD/YYYY)	Nine-digit number
<b>Last name, first, middle initial</b>	Relationship to Employee	<b>Date of birth (MM/DD/YYYY)</b>	<b>Nine-digit number</b>

<sup>1</sup> Wis. Stat. § [40.22](#) does not distinguish, for participating employees, between citizens and non-citizens or by place of residence. Anyone who receives earnings for personal services rendered to or for an employer, must be evaluated for WRS eligibility. If WRS eligibility requirements are met, the employee must be enrolled in the WRS.

<b>Section 3: Employer Section – For completion by the Employer only. Must be Completed.</b>	
Employer name (if state of Wisconsin, include department)	ETF Employer ID <b>69-036-</b>
<p><b>Certifying Signature:</b> This section must be completed by the designated employer agent or alternate agent.</p> <p>By signing and dating below, you are agreeing to the following terms and conditions:</p> <ul style="list-style-type: none"> <li>I, the undersigned, on behalf of the Wisconsin Retirement System (WRS), have complied with Treasury Regulation Section <a href="#">301.6109 1(b)</a>, regarding taxpayer identification numbers. Although requests have been made, the named nonresident alien (spouse and/or dependent) has not provided the WRS with a valid taxpayer identification number (Social Security Number or Individual Taxpayer Identification Number).</li> <li>I certify that the nine-digit number was of my own creation, and it will be my responsibility to make any changes if it is requested by the Department of Employee Trust Funds.</li> </ul>	
<b>Employer agent name</b>	<b>Telephone</b> (      )
<b>Employer agent signature</b>	<b>Date</b> (MM/DD/YYYY)