

STATEMENT FOR NON-RESIDENT ALIEN PAYMENTS

Name of Individual	Social Security number or ITIN
Address in the USA	Foreign Address
Immigration Classification (From Form I-94 or I-94W)	Country of Residence/Citizenship
Occupation	

Under penalty of perjury, I declare that I have not engaged in an academic activity lasting longer than 9 days at any single institution, and have not accepted such payment or expenses from more than 5 institutions or organization in the previous 6 month period.

Signature of Alien Individual	Date (mm/dd/yy)

Note: If the individual know that he/she qualifies for exemption from tax under the provisions of a treaty, he/she must complete Form 8233 and submit it to the Payroll Office (313 Hogan).