

	Required Forms & Copies of Documents			Optional Tax Forms		
	Form I-9	Glacier Tax Compliance	Required Copies Documents	Form W-4	Form 8233 & Tax Treaty Article	Form W8-BEN
	*SSN not Required	SSN not Required	To Be Attached With Form 1007	SSN Required	SSN Required	SSN/ITIN Required
<i>Employee Paying Wages</i>						
F1 visa holder	Form Instructions	Tax Summary	PICTURE PAGE OF PASSPORT, I-94 or print from web, I-20	Form Instructions	Form Tax Treaty Article	
J1 visa holder	Form Instructions	Tax Summary	PICTURE PAGE OF PASSPORT, I-94 or print from web, DS-2019	Form Instructions	Form Tax Treaty Article	
H-1B, TN, E-3	Form Instructions	Tax Summary	PICTURE PAGE OF PASSPORT, I-94 or print from web or I-797 Notice	Form Instructions		
Employment Authorization Card	Form Instructions	Tax Summary	Employment Authorization Card	Form Instructions		
<i>Paying Scholarship/Fellowship Stipend only</i>						
F1 visa holder		Tax Summary	PICTURE PAGE OF PASSPORT, I-94 or print from web, I-20			Form
J1 visa holder		Tax Summary	PICTURE PAGE OF PASSPORT, I-94 or print from web, DS-2019			Form

*Except for E-Verify (SSN is required)

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UNIVERSITY OF WASHINGTON
**FOREIGN NATIONAL
PAYMENT DATA SHEET**

When this form is required, it is to be completed by the foreign national. See instruction sheet.

The information provided on and attached to this form will be used to determine federal tax withholding requirements for compensation that you receive from the University of Washington. Please provide all information requested. Failure to do so may result in improper withholding of taxes and/or assessment of penalties by the Internal Revenue Service. Note to department: Submit completed form with all necessary attachments to the paying department (See attached instructions). **Original must be received before a check can be issued.**

Part I. PERSONAL INFORMATION

U.S. SOCIAL SECURITY NUMBER OR U.S. INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (if any)* <small>* We are requesting this per IRC Section 1441.</small>	1. U.S. SSN or ITIN* — —	2. Payment type (please check) <input type="checkbox"/> Travel <input type="checkbox"/> Student Student # <input type="text"/>	<input type="checkbox"/> Independent Contractor <input type="checkbox"/> Stipend/Wages
3. Name (Last)	(First)	(Middle)	3b. EID

CITIZENSHIP AND NONIMMIGRANT VISA STATUS INFORMATION

4. Country of Citizenship	5. Country of Residence	6. Candidate for a U.W. degree <input type="checkbox"/> Yes <input type="checkbox"/> No
7. When does your permission to stay in the U.S. expire? Date:		
8. When does your work authorization expire? Date:		

PERMANENT MAILING ADDRESS IN COUNTRY OF RESIDENCE

9.

CURRENT VISA STATUS

¹⁰. After arrival in the U.S., visa status will be verified by the I-94 or I-94 W and a copy of picture page of passport for all foreign nationals, except Canadians*. I-94 or I-94W must be copied (front and back) by your UW host department while you are in the U.S. Failure to provide the I-94 or I-94W for photocopying will result in the inability of the University of Washington to make payment to you.

A. My visa status is (check one):

<input type="checkbox"/> B-1 Business	<input type="checkbox"/> WB Business Waiver	<input type="checkbox"/> H-1B Temporary Worker
<input type="checkbox"/> B-2 Tourist	<input type="checkbox"/> WT Tourist Waiver	<input type="checkbox"/> J-1 Non-student Exchange Visitor (must attach copy of DS-2019)
<input type="checkbox"/> F-1 Student (must attach copy of I-20) specify name of sponsoring Institution _____	<input type="checkbox"/> Canadian without visa	<input type="checkbox"/> J-1 Student Exchange Visitor (must attach copy of DS-2019) specify name of sponsoring institution _____
	<input type="checkbox"/> Employment Authorization Card	
	<input type="checkbox"/> Other (specify): _____	

B. Date of Entry

Date of entry into the U.S. under this visa status? _____
Intended length of stay in the U.S. under this visa status? _____

* Canadians, in circumstances where neither a visa nor I-94W is required, you must present passport, or one government-issued picture ID [such as a Canadian driver's license] AND one other government issued document for photocopying.

C. U.S. Residency

11. Have you ever been in the United States before? Yes No If Yes, complete the visit information in Question 13. If you need more space, check here and continue on the back of this page. If No, continue to Part II.

D. Length of Stay

12. Will you be in the United States 31 days or more this calendar year (January through December)? Yes No If Yes, complete the visit information in Question 13. If you need more space, check here and continue on the back of this page. If No, continue to Part II.

13. VISIT 1:		14. VISIT 2:		15. VISIT 3:	
Visa Status	Activity	Visa Status	Activity	Visa Status	Activity
Date entered U.S.	Date departed U.S.	Date entered U.S.	Date departed U.S.	Date entered U.S.	Date departed U.S.

Part II. TAX TREATY INFORMATION (Complete this section if being paid for services)

16. Does your country of residence have a tax treaty with the United States? Yes No If Yes, do you desire to claim exemption from withholding in accordance with tax treaty provisions? Yes No

If Yes to both questions above and you are being compensated, IRS Form 8233 or W8-BEN (See instructions for detail):
 Is attached to this form
 Has been previously submitted to my UW host department

IRS Form 8233 (Form) <http://www.irs.gov/pub/irs-pdf/f8233.pdf>
IRS Form 8233 (Instructions) <http://www.irs.gov/pub/irs-pdf/i8233.pdf>

Tax Treaties can be found at: <http://www.irs.gov/businesses/international/article/0,,id=96739,00.html>

W8-BEN and Instructions <http://www.washington.edu/admin/payroll/w8benpackage.pdf>

NOTE: IRS Form 8233 and W8BEN require a U.S. Taxpayer Identification Number to apply for a tax treaty benefit.

Part III. TO BE COMPLETED BY VISITORS FROM BARBADOS, GREECE, JAMAICA, REPUBLIC OF KOREA, MOROCCO, PHILIPPINES, THAILAND, TRINIDAD AND TOBAGO, AND TUNISIA:

17. **EARNINGS INFORMATION** Excluding this payment, please list all payments you have received during each visit in the United States during this calendar year. If necessary use an additional sheet of paper.

Payment For	Amount	Payer

Part IV. TO BE COMPLETED BY VISITORS IN B-1, B-2 OR WB/WT STATUS ONLY AND CANADIANS ARRIVING WITHOUT A VISA:

18. The American Competitiveness and Workforce Improvement Act (ACWIA) allows international visitors in Business or Tourist (B-1/B-2, WB/WT) travel status to be paid honoraria or be reimbursed for travel expenses only if all of the following conditions are met:

- You are a visitor performing services of academic activities (short term instruction including guest lectures, seminars, presentations, workshops, laboratory demonstrations, and special programs; research consultation and collaboration; participation in consortium activities; or, advisory committees) associated with the University of Washington. (Payment is made for services conducted for the benefit of the UW. Participation as a trainee only does not qualify as performance of services conducted primarily for the benefit of the UW).
- and
- Your activity being compensated is any portion of nine days or less at the University of Washington,
- and
- You have not been paid or reimbursed by more than five U.S. institutions or organizations during the past six months including the University of Washington.

All of the above statements are true (check one): Yes No

Part V. TEST FOR DETERMINING RESIDENCY FOR TAX PURPOSES

Information regarding this section is explained in IRS Publication 519 found at: www.irs.gov/pub/irs-pdf/p519.pdf

DETERMINATION OF RESIDENCE STATUS FOR FEDERAL WITHHOLDING TAX

An alien will not be considered a United States resident for tax purposes unless the individual:

- a. Is a lawful permanent resident of the U.S. Attach a copy of your Alien Registration (Green Card).
- b. Is able to meet the substantial presence test as specified by IRS regulations.

Please complete the following **TESTS FOR DETERMINING RESIDENCY FOR TAX PURPOSES**

19. Test 1 U.S. Residence Status Test	<input type="checkbox"/> I am a lawful permanent resident of the U.S. Attach a copy of your Alien Registration (Green Card). <input type="checkbox"/> I am an immigrant or refugee seeking asylum in the U.S. <i>If either box was marked, you are a RESIDENT ALIEN for tax purposes. STOP. Enter this in Question 23, Summarize Results, below, otherwise continue to Test 2.</i>																																			
20. Test 2 Exemption From Substantial Presence Test	<input type="checkbox"/> I am in the United States as a teacher, trainee or researcher on a J-1 visa for less than two of the preceding six calendar years. <input type="checkbox"/> I am a student on a F-1 or J-1 visa and have been in the United States for five or fewer calendar years. <input type="checkbox"/> I am a student on a F-1 or J-1 visa and have been in the United States for more than five calendar years and have established with the IRS that I do not plan to reside in the United States when my education is completed. Attach proof from IRS. <i>If any box was marked, you are a NON-RESIDENT ALIEN for tax purposes. Enter in Question 23, below, otherwise continue to Test 3.</i>																																			
21. Test 3 Substantial Presence Test	<p>Complete the spaces below indicating the number of days present or will be present in the U.S. during the years listed. Do not count days you were "exempt." If you are a student on a F or J visa, generally you are "exempt" for the first 5 calendar years you are in the U.S. If you are a teacher or researcher on a J visa, generally you are "exempt" for the first 2 calendar years you are in the U.S.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Year</th> <th>Date Entered</th> <th>Date Departed</th> <th>Days in U.S.</th> <th></th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>Number of days you expect to be in U.S. in the current Year</td> <td></td> <td></td> <td></td> <td></td> <td>X 1 =</td> <td></td> </tr> <tr> <td>Number of days Last Year</td> <td></td> <td></td> <td></td> <td></td> <td>X 1/3 =</td> <td></td> </tr> <tr> <td>Number of Days Two Years Ago</td> <td></td> <td></td> <td></td> <td></td> <td>X 1/6 =</td> <td></td> </tr> <tr> <td colspan="6" style="text-align: right;"><i>If the total is less than 183, you are a NON-RESIDENT ALIEN for tax purposes. Enter this in Question 23, Summarize Results, below. If total is 183 or greater, complete Test 4.</i></td> <td style="border: 2px solid black; text-align: center;">TOTAL =</td> </tr> </tbody> </table>		Year	Date Entered	Date Departed	Days in U.S.		TOTAL	Number of days you expect to be in U.S. in the current Year					X 1 =		Number of days Last Year					X 1/3 =		Number of Days Two Years Ago					X 1/6 =		<i>If the total is less than 183, you are a NON-RESIDENT ALIEN for tax purposes. Enter this in Question 23, Summarize Results, below. If total is 183 or greater, complete Test 4.</i>						TOTAL =
	Year	Date Entered	Date Departed	Days in U.S.		TOTAL																														
Number of days you expect to be in U.S. in the current Year					X 1 =																															
Number of days Last Year					X 1/3 =																															
Number of Days Two Years Ago					X 1/6 =																															
<i>If the total is less than 183, you are a NON-RESIDENT ALIEN for tax purposes. Enter this in Question 23, Summarize Results, below. If total is 183 or greater, complete Test 4.</i>						TOTAL =																														
22. Test 4 Exceptions to the Substantial Presence Test	<p>Have you been or do you plan to be in the U.S. for fewer than 183 days in the current year, <u>and</u> do you pay taxes in your country of residence, <u>and</u> do you have a closer connection to that country than to the U.S.?</p> <input type="checkbox"/> Yes. I am a NON-RESIDENT ALIEN for tax purposes <input type="checkbox"/> No. I am a RESIDENT ALIEN for tax purposes <i>Enter this in Question 23, Summarize Results, below.</i>																																			
23. Summarize Results:	<p>Check the appropriate box for tax purposes:</p> <p>I am a: <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NON-RESIDENT ALIEN</p>																																			

Part VI. CERTIFICATION OF INFORMATION PROVIDED

24. I certify that to the best of my knowledge and belief, all the information that I have provided on this form is true and correct.

Signature _____ Date _____	Department	Box Number
	Contact Email	Contact Phone

See the instructions page for any assistance in answering these questions.

Embedded Adobe XML Form

The file <https://www.irs.gov/pub/irs-pdf/fw4.pdf> is an Adobe XML Form document that has been embedded in this document. Double click the pushpin to view.



Exemption From Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual

▶ See separate instructions.

<p>Who Should Use This Form?</p> <p><i>Note: For definitions of terms used in this section and detailed instructions on required withholding forms for each type of income, see Definitions on pages 1 and 2 of the instructions.</i></p>	<p>IF you are a nonresident alien individual who is receiving . . .</p>	<p>THEN, if you are the beneficial owner of that income, use this form to claim . . .</p>
	<p>Compensation for independent personal services performed in the United States</p>	<p>A tax treaty withholding exemption (Independent personal services, Business profits) for part or all of that compensation and/or to claim the daily personal exemption amount.</p>
	<p>Compensation for dependent personal services performed in the United States</p>	<p>A tax treaty withholding exemption for part or all of that compensation. Note: Do not use Form 8233 to claim the daily personal exemption amount.</p>
	<p>Noncompensatory scholarship or fellowship income and personal services income from the same withholding agent</p>	<p>A tax treaty withholding exemption for part or all of both types of income.</p>
<p>DO NOT Use This Form. . .</p>	<p>IF you are a beneficial owner who is . . .</p>	<p>INSTEAD, use . . .</p>
	<p>Receiving compensation for dependent personal services performed in the United States and you are not claiming a tax treaty withholding exemption for that compensation</p>	<p>Form W-4 (See page 2 of the Instructions for Form 8233 for how to complete Form W-4.)</p>
	<p>Receiving noncompensatory scholarship or fellowship income and you are not receiving any personal services income from the same withholding agent</p>	<p>Form W-8BEN or, if elected by the withholding agent, Form W-4 for the noncompensatory scholarship or fellowship income</p>
	<p>Claiming only foreign status or treaty benefits with respect to income that is not compensation for personal services</p>	<p>Form W-8BEN</p>

This exemption is applicable for compensation for calendar year _____, or other tax year beginning _____ and ending _____.

Part I Identification of Beneficial Owner (See instructions.)		
1 Name of individual who is the beneficial owner	2 U.S. taxpayer identifying number	3 Foreign tax identifying number, if any (optional)
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box.		
City or town, state or province. Include postal code where appropriate.		Country (do not abbreviate)
5 Address in the United States (street, apt. or suite no., or rural route). Do not use a P.O. box.		
City or town, state, and ZIP code		
Note: Citizens of Canada or Mexico are not required to complete lines 7a and 7b.		
6 U.S. visa type	7a Country issuing passport	7b Passport number
8 Date of entry into the United States	9a Current nonimmigrant status	9b Date your current nonimmigrant status expires
10 If you are a foreign student, trainee, professor/teacher, or researcher, check this box ▶ <input type="checkbox"/>		
Caution: See the line 10 instructions for the required additional statement you must attach.		

Part II Claim for Tax Treaty Withholding Exemption and/or Personal Exemption Amount

11 Compensation for independent (and certain dependent) personal services:
a Description of personal services you are providing

b Total compensation you expect to be paid for these services in this calendar or tax year \$

12 If compensation is exempt from withholding based on a tax treaty benefit, provide:

a Tax treaty **and treaty article** on which you are basing exemption from withholding

b Total compensation listed on line 11b above that is exempt from tax under this treaty \$

c Country of permanent residence

Note: Do not complete lines 13a through 13c unless you also received compensation for personal services **from the same withholding agent.**

13 Noncompensatory scholarship or fellowship income:

a Amount \$

b Tax treaty **and treaty article** on which you are basing exemption from withholding

c Total income listed on line 13a above that is exempt from tax under this treaty \$

14 Sufficient facts to justify the exemption from withholding claimed on line 12 and/or line 13 (see instructions).....

Note: Lines 15 through 18 are to be completed only for certain independent personal services (see instructions).

15 Number of personal exemptions claimed ▶ **16** How many days will you perform services in the United States during this tax year? ▶

17 Daily personal exemption amount claimed (see instructions) ▶

18 Total personal exemption amount claimed. Multiply line 16 by line 17 ▶

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
- The beneficial owner is not a U.S. person.
- The beneficial owner is a resident of the treaty country listed on line 12a and/or 13b above within the meaning of the income tax treaty between the United States and that country.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here ▶
Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date

Part IV Withholding Agent Acceptance and Certification

Name Employer identification number

Address (number and street) (Include apt. or suite no. or P.O. box, if applicable.)

City, state, and ZIP code Telephone number

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual is not entitled to the exemption or that the nonresident alien's eligibility for the exemption cannot be readily determined.

Signature of withholding agent ▶ Date ▶