

The information requested on this form is used to determine your U.S. tax withholding status. You must complete this form (1) **before beginning employment**, (2) **if your visa status changes**, and (3) **at the beginning of each calendar year**. If you are not currently working, and do not plan to work in the next year you are not required to complete and turn in this paperwork.

PLEASE ATTACH A COPY, FRONT AND BACK, OF YOUR I-94 AND I-20 OR DS-2019

Personal Information

Section 1

Last Name	First	Middle	Social Security or ID Number
Street Address (U.S.)		University Name	
City	State	Zip Code	Department to be Contacted
Home Phone Number	Work Phone Number	E-mail Address	

Primary purpose of visit to United States

Section 2

Faculty: <input type="checkbox"/> Professor/Researcher	Student/GTF: <input type="checkbox"/> Degree <input type="checkbox"/> Non-degree	Practical Training: <input type="checkbox"/> Attach copy of authorization
Date of latest entry into USA for current purpose: _____ (don't include short breaks such as holidays, vacations, etc)		

Citizenship and Visa Information

Section 3

Citizen of	Permanent Resident of (if different)	Current Visa Type: F-1, J-1, etc.
Date Originally Entered USA for primary purpose indicated	End Date on I-20 or DS-2019	Admit Until Date on I-94 or D/S

PLEASE CONTINUE TO THE OTHER SIDE OF THIS FORM

For Office Use Only

Reviewed by _____ Date _____

Determination of Residence Status for Federal Tax Withholding

Furnish the requested information below to show the number of days you will be/were present in the United States during the calendar years listed. Calendar year refers to the period January 1 to December 31.

Calendar Year	Purpose: (i.e. teacher, researcher, or student)	Visa Type (F-1, J-1, etc.)	Number of days expected to be present in the US
2016			

Calendar Year	Purpose: (i.e. teacher, researcher, or student)	Visa Type (F-1, J-1, etc.)	Number of days expected to be present in the US
2015			
2014			
2013			
2012			
2011			
2010			
2009			
2008			

Section 4

Certification

I certify that to the best of my knowledge and belief all the information I have provided is true, correct, and complete.
I certify that I am aware there may be a treaty between the U.S. and my country of residence for which I may be eligible.

Do you currently have a **Form W-9** on file? Yes No Do you wish to continue claiming treaty benefits? Yes No
If you are eligible to claim treaty benefits using Form W-9, please do **not** complete Form 8233.

Section 5

Signed: _____ Date: _____

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Substantial presence test met? Yes No

If no, date eligible for substantial presence: _____
Initials _____ Date _____