

Visiting Foreign National Information Form

For Honoraria and Other Payments to Non-Employee Foreign Nationals

The purpose of this form is to gather information to determine eligibility for a tax treaty benefit or reduced tax withholding. If a tax treaty is not offered but you believe you are eligible to receive one, you may apply directly to the Internal Revenue Service for the benefit.

Tax Residency and Treaty Eligibility _ast Name			First	Name	Middle Initial	
Date of Birth (dd/mm/yyyy)			Email _			Phone
assport Num	ber		Pass	port Expira	tion Date (d	ld/mm/yyy)
nformation a	bout your visit:					
1. Are yo	ou engaged in a	full-time prog	gram at any institu	ution? Yes	No	
2. Do yo	u have an office	regularly ava	ilable to you in th	e U.S.? Yes	s_No	
a.	If you answer	ed "yes", how	many days in this	calendar y	ear is the of	fice available to you?
3. Have	you submitted a	an application	to become a U.S	. lawful perr	manent resi	dent? YesNo
6. Do yo	u hold dual citiz	zenship with t	he United States	? Yes N	No	
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