Visitor's Information Sheet for Income and Travel



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SE PROVIDE ALL INFORMATION REQUESTED IMPORTANT INFORMATIOIMPORTANT INFORMA		
This information will be used to prepare any forms needed <u>prior to your</u> Important Note: All individuals requesting payment or reimbursements		
Last or Family Name First or Given name Middle Initial	Country of Residence	U.S. Social Security Number or ITIN
Street Address	Telephone Number	Fax Number
City	State or Providence	Country
DETERMINATION OF RESIDENCY S Residency Status: An alien will not be considered a United States Resi A. Is a lawful permanent resident of the United States at B. Is able to meet the Substantial Presence Test as spe	dent for Tax Purposes unle any time during the calend cified by the Internal Rever	ss the individual: lar year OR nue Service regulations.
Please check the appropriate box (1, 2, 3, or 4) below to indicate y	our residency status for t	ax purposes only.
I AM A UNITED STATES CITIZEN I hereby certify that I am a	citizen of the United States of	America.
I AM A PERMANENT RESIDENT I hereby certify that I have permanently in the United States as an immigrant, and that this status determined to have been abandoned. A copy of you Alien Registrate	has not been revoked, and ha	as not been administratively or judicially
I AM A RESIDENT FOR TAX PURPOSES I hereby certify to because I have met the Substantial Presence Test for residency. AT Residency in the U.S.) AND SUBMIT COPIES OF YOUR I-94 TO W	TACH A COPY OF IRS FORM	1078 (Certification of Alien Claiming
I AM A NON-RESIDENT FOR TAX PURPOSES I DO NO America. SUBMIT COPIES OF YOUR VISA AND YOUR 194 TO WS	•	-
VISA TYPE - Please indicate the Immigration designation you should be suffered by 1 or 2 in the residency see		
B-2* or WT (visa waiver tourist classification) Entering		oe will prohibit Weber State
B-1 or VB (visa waiver business classification) Enteri	ng the U.S. on this visa t	• •
from making any payments to you, only actual travel exp	enses may be reimburse	ed to you.
J-1 Exchange Visitor Q-1	Other-Please s	p ecify
f your visa classification is listed as B1/B2, it is important that you sec l.S. if you have been offered reimbursement of your actual travel expe		your I-94 card when you enter the
TAX TREATY EXEMPTION - If you wish to claim tax exemption ba If you checked either box 1 or 2 in the residency section above, or if y DO NOT complete t	ou are not expecting payme	
) How many days total will you be in the United States this caler	ndar year?	DAYS
) Have you ever claimed tax treaty benefits to exempt yourself f	rom U.S. Federal Income	e Tax? Yes No
) Please indicate the tax treaty you are legally entitled to use:		
) Please cite which article of the treaty permits you this exemption	on:	
) Please state the purpose of your visit:		
MPORTANT: In order to claim exemption from U.S. Federal Income Exemption from Withholding for Compensation of Independent Persor nd VISIT) must be completed EACH time you wish to claim exemption	al Services of a Non Resid	ent Individual). These forms (8233
hereby certify, under penalties of perjury, that all of the in	formation is true and o	correct:
Signature:	Signa	ture:

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Purpose:

The purpose of this form is to allow Weber State University to collect the necessary information to smoothly and efficiently handle the details of your upcoming visit to our institution. Please return completed form to your host as soon as possible.

Personal Data:

Personal data requested in the first section of this document (name, address, etc.) will be used in the preparation of various University forms as they pertain to your visit. In most cases, any eligible payments to be made to you will be based on this information.

Please note that there are two fields requesting country. The block labeled as Country is for your mailing address. The block labeled Country of Residence is the country which is your tax home.

If you have a U.S. Social Security Number, please enter in the appropriate block. In addition, if you are planning to claim any tax treaty benefits, it is required by our federal government to have a Social Security Number in order to receive these benefits.

Tax Residency:

This section is used by the University to establish (by your declaration), the determination of your tax residency. Only those individuals who can claim to be a Non-Resident for tax purposes can claim treaty benefits for exemption from U.S. federal income taxes. If you wish to find out whether you qualify for treaty benefits, have your host contact Accounting Services at Weber State.

Visa Type:

This section it to notify Weber State as to which type of Visa you intend to enter the United States. For those visitors who are from countries that participate in the Visa Waiver Program, please note that Weber State can only reimburse actual expenses for those that enter under the business classification. This classification is noted as WB on a card placed in your passport upon entry to the United States, know as an I-94 card. If you are unsure as to the type of Visa classification you should attempt to attain, contact your host at Weber State University.

Tax Treaty Exemption:

This section is to be completed only if you are a Non-Resident for tax purposes, as determined in the tax Residency section, and if you plan on claiming treaty benefits. Additional forms are required to be either completed or photocopied before treaty benefits can be honored by Weber State (see note at bottom of this section on page one).

Affirmation:

Your signature on this document represents that the information you have provided is both true and accurate. It also signifies that you understand it is your responsibility to enter the U.S. on this trip with the appropriate Visa, so that Weber State can honor the commitments made to you by your host.

If you have any questions regarding this document, contact your host as soon as possible in order to expedite the preparations needed for your upcoming visit.

Host s Name	
Address	
Phone Number	
Fax Number	
Internet Address	