

VENDOR TAX RESIDENCY INFORMATION FORM

To be filled in by all nonresident aliens receiving funds from a Minnesota State College or University; ex: honoraria, speakers and entertainers

Notice: The following information is requested to determine and document your resident or nonresident status for tax purposes, tax withholdings, and any tax treaty benefits you may be eligible to receive. This is NOT an Internal Revenue Service (IRS) nor is it United States Citizenship and Immigration Services (USCIS) form. You are not legally required to fill out this questionnaire, but if you do not do so, the institution will be unable to determine your eligibility for tax treaty benefits and will withhold federal income tax at the rate of 30%. *If you do not have a valid U.S. tax identification number, the institution must withhold federal income tax at a rate of 30%. This information will be used by the institution's business office and finance personnel to determine your tax liability and may be available to other government officials as authorized by law. By signing this form you are consenting to allow Minnesota State to access your I-94 admission & travel history information.

BEFORE MAKING ANY PAYMENT TO NONRESIDENT ALIEN VENDORS, COLLECT THE INFORMATION ASKED FOR ON THIS FORM AND CONTACT TAX SERVICES.

A: PERSONAL INFORMATION

Name <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> <i>Last</i> <i>First or Personal</i> <i>Middle</i> </div>	US Tax Id # (SSN or ITIN) <hr/> Foreign Tax Id	Current Visa Type/Immigration Status <hr/>
Country of Citizenship – Country of Tax Residency	Date of Arrival under Current Visa Type/Immigration Status	
Immigration & Taxation Documents (<i>copy & attach</i>) <input type="checkbox"/> I-94 <input type="checkbox"/> W-8Ben or W-8BenE <input type="checkbox"/> Invitation Letter <input type="checkbox"/> Passport <input type="checkbox"/> 8233 <input type="checkbox"/> Certification B Honoraria Eligibility	Date of Academic Activity or Number of Days <hr/> Describe in detail activity/service	
College or University, Department and Contact (Name and Phone) <hr/>		

B: WITHHOLDING AGENT INFORMATION – *To be completed by Tax Services*

Date _____ Signature _____

Phone Number (_____) _____ Name (*Print please*) _____

Send a copy of this form with immigration document copies to Tax Services
 Tax Services Contact Information: Ann Page, ann.page@minnstate.edu, or Steve Gednalske at steven.gednalske@minnstate.edu.

