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	US Tax Id # (SSN or ITIN) Current Visa Type/Immigration Status
Last First or Personal Middle	Foreign Tax Id
Country of Citizenship – Country of Tax Residency	Date of Arrival under Current Visa Type/Immigration Status
Immigration & Taxation Documents (<i>copy & attach</i>)	Date of Academic Activity or Number of Days
Passport Certification B 8233 Honoraria Eligibility College or University, Department and Contact (Name and Phone)	Describe in detail activity/service

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, <u>ann.page@minnstate.edu</u> , or Steve Gednalske at <u>steven.gednalske@minnstate.edu</u> .			

C: PRIOR VISIT INFORMATION: List all visits by vendor to the U.S. that occurred in the past 3 year period that includes the current year, including the current visit. If currently under F, J, M or Q visa status, include all visits to the U.S. in your lifetime under any F, J, M or Q visa classification, including visits as a dependent of such visa holders.

Year	Visa Type/ Immigration Status	Number of Days in the US	Purpose of Visit

D: VENDOR CERTIFICATION

I hereby certify that this information is true and correct. I understand that if my immigration status changes from that, which I have indicated on this form, I must prepare and submit a new Tax Residency Information Form to this institution.

Date _____ Signature _____