



University of Alaska Taxable Status Determination Form

Document #: _____

Date: MM / DD / YYYY

Section A: General Information. To be completed by all. Please print clearly.

Name: (Last, First, MI)

UA ID# (if applicable):

Gender: Male Female Birthdate: MM / DD / YYYY

Mailing Address:

Daytime Phone Number:

Evening Phone Number:

Primary Language:

E-mail:

Check one and provide ID#: U.S. SSN: U.S. ITIN:

Emergency Contact Information (closest living relative):

Name/ Relationship:

Address:

Phone Number:

Primary Language:

E-mail:

Are you a U.S. Citizen or Permanent Resident? Yes, skip to section C. No, complete rest of form.

Will all of the work you are performing be done outside the U.S.? Yes, skip to section C. No, complete rest of form.

Section B: Tax Residency Information. Please print clearly. This information will be used to determine tax residency status.

You may be subject to tax withholding up to 30% on any payments or benefits you may receive.

Citizenship: Citizen of

Nation of Birth:

What country did you live in prior to coming to the U.S.? Dates of residence? MM / DD / YYYY to MM / DD / YYYY

Form box containing: Date of First Entry into the U.S. in any Visa category, Current Entry I-94 Date, Current I-94 Expiration, Form I-20 or DS2019 valid from, Passport #, Country of Issue, Expiration Date, U.S. Visa Type, J Visa category as specified on DS-2019, Student, Short-term Visitor, Other, Scholar, Expires.

In the table below, please list ALL of your travel to the United States and travel dates, including your current visit. Attach additional pages if necessary. Visits to the U.S. on a B visa or visa waiver prior to 7 years ago should not be included.

Table with columns: Arrival Date (mm/dd/yy), Departure Date (mm/dd/yy), Visa Type (ex: J-1, TN, B-1, etc.), Purpose of presence in U.S. (ex: study, tourist, conference, etc.), UA Staff Use Only (Exempt from SPT? Yes/No, Year, SPT Calculation: By, Date, # days in current year, # days in last year, # days year before last, Total Days for SPT, If <= 182 is NRA, If >182 is RA, Travel W/H%, Tax Treaty W/H%, Default W/H%).

Section C: Certification. To be completed by all. I certify that the above information is true and correct to the best of my knowledge.

Signature

Date MM / DD / YYYY

Please fax form to: Department: Department Contact:

Fax Number: Phone Number:

DEPARTMENT USE ONLY: Check purpose of individual's visit on behalf of the University of Alaska (check all that apply): Attending workshop/conference, Studying in a degree program, Studying in a nondegree program, Receiving training, Research subject, Consulting, Teaching, Guest Lecturer, Demonstrating special skills, Conducting Research, Other, Presenting Research Paper, Collaboration on Research, Types of Payments: Travel, Honorarium, Independent Contractor, Other.