

University of Alaska Taxable Status Determination Form

Document #:

Date: חח Section A: General Information. To be completed by all. Please print clearly. U.S. SSN: Name: Check one (Last, First, MI) and provide UA ID# (if applicable): ID#: U.S. ITIN: Gender: 
Male Female Emergency Contact Information (closest living relative): Birthdate: Name/ Relationship: Mailing Address: Address: Daytime Phone Number: Evening Phone Number: Phone Number: Primary Language: Primary Language: E-mail: E-mail: Are you a U.S. Citizen or Permanent Resident?  $\Box$  Yes, skip to section C. □ No, complete rest of form. □ Yes, skip to section C. Will all of the work you are performing be done outside the U.S.? □ 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? to Date of First Entry into the U.S. in any Visa category: Current Entry I-94 Date: MM / DD / YYYY MM / DD / YYYY Form I-20 or DS2019 valid from: Current I-94 Expiration: D/S or Date: to Country of Issue: Passport #: Expiration Date: MM / DD / YYYY Expires: U.S. Visa Type:  $\Box$  B-1  $\Box$  B-2  $\Box$  J-1  $\Box$  F-1  $\Box$  Other Type: MM / DD / YYY Short-term Visitor Student Other\_\_\_\_\_  $\Box$  J Visa, category as specified on DS-2019: Scholar Expires: MM / DD / YYYY

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.

		Visa Type		UA Staff Use Only			
Arrival Date (mm/dd/yy)	Departure Date (mm/dd/yy)	(ex: J-1, TN, B-1, etc.)	Purpose of presence in U.S. (ex: study, tourist, conference, etc.)	Exempt from SPT?		SPT Calculation	
		B-1, etc.)		Yes/No	Year	By: Date:	
						# days in current year:	
						# days in last_year:	
						x 1/3 +	
						# days year before last	
						x 1/6 +	
						Total Days for SPT =	
						If <= 182 is NRA  If >182 is RA	
				Travel W/H% :	_ Tax Treaty	y 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 individua	I's visit on behalf of the University of Alaska	a (check all that apply):	Types of Payments:
Attending workshop/confere	am Consulting	Conducting Research	Presenting Research Pape     Collaboration on Research	
Distribution: Original: Department Revised: 08/25/2009	Copy: MAU NRA	and Purchase Requisition, if applicable		Taxable Status Determination Form