



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? _____ to _____
MM / DD / YYYY MM / DD / YYYY

Date of First Entry into the U.S. in any Visa category: _____ MM / DD / YYYY Current Entry I-94 Date: _____ MM / DD / YYYY
Current I-94 Expiration: D/S or Date: _____ MM / DD / YYYY Form I-20 or DS2019 valid from: _____ to _____ MM / DD / YYYY MM / DD / YYYY
Passport #: _____ Country of Issue: _____ Expiration Date: _____ MM / DD / YYYY
U.S. Visa Type: B-1 B-2 J-1 F-1 Other Type: _____ Expires: _____ MM / DD / YYYY
 J Visa, category as specified on DS-2019: Student Short-term Visitor Scholar Other _____ 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.

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	
						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 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 Research subject Demonstrating special skills Presenting Research Paper
 Studying in a degree program Consulting Conducting Research Collaboration on Research
 Studying in a nondegree program Teaching Other: _____
 Receiving training Guest Lecturer Other: _____

Types of Payments:
 Travel
 Honorarium
 Independent Contractor
 Other _____