

## TABLE OF CONTENTS:

|  |    |
|--|----|
| <u>BELGIUM</u> .....   | 2  |
| <u>BULGARIA</u> .....  | 3  |
| <u>CHINA, PEOPLE'S REPUBLIC OF</u> .....                                     | 4  |
| <u>CYPRUS</u> .....  | 5  |
| <u>CZECH REPUBLIC, ESTONIA, LATVIA, LITHUANIA, AND SLOVAK REPUBLIC</u> ..... | 6  |
| <u>EGYPT</u> .....   | 7  |
| <u>FRANCE</u> .....  | 8  |
| <u>GERMANY</u> .....   | 9  |
| <u>ICELAND</u> .....   | 10 |
| <u>INDONESIA</u> .....   | 11 |
| <u>ISRAEL, PHILIPPINES AND THAILAND</u> .....                                | 12 |
| <u>KOREA, NORWAY, POLAND, AND ROMANIA</u> .....                              | 13 |
| <u>MOROCCO</u> .....   | 14 |
| <u>NETHERLANDS</u> .....   | 15 |
| <u>PAKISTAN</u> .....  | 16 |
| <u>PORTUGAL AND SPAIN</u> .....  | 17 |
| <u>SLOVENIA AND VENEZUELA</u> .....  | 18 |
| <u>TRINIDAD AND TOBAGO</u> .....   | 19 |
| <u>TUNISIA</u> .....   | 20 |

## Belgium

1. I was a resident of Belgium on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
2. I am present in the United States for the purpose of my education or training.
3. I will receive compensation for personal services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and Belgium in an amount not in excess of \$9,000 for any tax year.
4. I arrived in the United States on \_\_\_\_\_. For a trainee who is temporarily present in the United States for the purpose of securing training required to practice a profession or professional specialty, the treaty exemption is available only for compensation paid during a period of two years.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\***

---

### WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_

## Bulgaria

1. I was a resident of Bulgaria on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
2. I am temporarily present in the United States for the primary purpose of studying at \_\_\_\_\_ or securing training to practice a profession or professional specialty.
3. I will receive compensation for personal services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and Bulgaria in an amount not in excess of \$9,000 for any tax year.
4. I arrived in the United States on \_\_\_\_\_. The treaty exemption for training is available only for compensation paid during a period of two years.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\***

---

### **WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)**

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_

China, People's Republic of

1. I was a resident of the People's Republic of China on the date of my arrival in the United States. I am not a U.S. citizen.
2. I am present in the United States solely for the purpose of my education or training.
3. I will receive compensation for personal services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and the People's Republic of China in an amount not in excess of \$5,000 for any tax year.
4. I arrived in the United States on \_\_\_\_\_. I am claiming this exemption only for such period of time as is reasonably necessary to complete the education or training.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\***

---

**WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)**

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Cyprus

1. I was a resident of Cyprus on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
2. I am temporarily present in the United States for the primary purpose of studying at \_\_\_\_\_.
3. I will receive compensation for personal services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and Cyprus in an amount not in excess of \$2,000 (\$10,000 if you are a participant in a government sponsored program of study not exceeding one year) for any tax year. I have not previously claimed an income tax exemption under that treaty for income received as a student before the date of my arrival in the United States.
4. I arrived in the United States on \_\_\_\_\_. The \$2,000 treaty exemption is available only for compensation paid during a period of five tax years beginning with the tax year that includes my arrival date, and for such additional period of time as is necessary to complete, as a full-time student, educational requirements as a candidate for a postgraduate or professional degree from a recognized educational institution.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\***

**WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)**

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_

1<sup>st</sup> and 4<sup>th</sup> blank: Country under whose treaty exemption is being claimed

In the 3<sup>rd</sup> line: Insert the name of the nonprofit organization or government institution providing the grant, allowance, or award

In the last blank line: Insert the date of your last arrival in the United States before beginning study or training

### Czech Republic, Estonia, Latvia, Lithuania, and Slovak Republic

1. I was a resident of \_\_\_\_\_ on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
2. I am temporarily present in the United States for the primary purpose of studying or training at \_\_\_\_\_; or, I am temporarily present in the United States as a recipient of a grant, allowance, or award from \_\_\_\_\_.
3. I will receive compensation for services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and \_\_\_\_\_ in the amount not in excess of \$5,000 (\$10,000 if you are a participant in a government sponsored program of study not exceeding one year) for any tax year.
4. I arrived in the United States on \_\_\_\_\_. The \$5,000 treaty exemption is available only for compensation paid during a period of five tax years beginning with the tax year that includes my arrival date.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\***

---

### WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**Egypt**

1. I was a resident of Egypt on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
2. I am temporarily present in the United States for the primary purpose of studying at \_\_\_\_\_.
3. I will receive compensation for personal services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and Egypt in an amount not in excess of \$3,000 (\$10,000 if you are a participant in a government sponsored program of study not exceeding one year) for any tax year. I have not previously claimed an income tax exemption under that treaty for income received as a teacher, researcher, or student before the date of my arrival in the United States.
4. I arrived in the United States on \_\_\_\_\_. The \$3,000 treaty exemption is available only for compensation paid during a period of five tax years beginning with the tax year that includes my arrival date, and for such period of time as is necessary to complete, as a full-time student, educational requirements as a candidate for a postgraduate or professional degree from a recognized educational institution.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\***

---

**WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)**

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_

France

1. I was a resident of France on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
2. I am temporarily present in the United States for the primary purpose of studying at \_\_\_\_\_.
3. I will receive compensation for personal services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and France in an amount not in excess of \$5,000 for any taxable year. I have not previously claimed an income tax exemption under this treaty for income received as a teacher, researcher, or student before the date of my arrival in the United States.
4. I will be present in the United States only for such period of time as may be reasonably or customarily required to effectuate the purpose of this visit.
5. I arrived in the United States on \_\_\_\_\_. The treaty exemption is available only for compensation paid during a period of five tax years.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\*

**WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)**

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_



In the 2<sup>nd</sup> line: Insert the name of the nonprofit organization or government institution providing the grant, allowance, or award

In the last blank line: Insert the date of your last arrival in the United States before beginning study or training

### Germany

1. I was a resident of Germany on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
2. I am temporarily present in the United States as a student or business apprentice for the purpose of full-time study or training at \_\_\_\_\_; or, I am temporarily present in the United States as a recipient of a grant, allowance, or award from \_\_\_\_\_.
3. I will receive compensation for dependent personal services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and Germany in an amount not in excess of \$9,000 for any tax year, provided that such services are performed for the purpose of supplementing funds otherwise available for my maintenance, education, or training.
4. I arrived in the United States on \_\_\_\_\_. The treaty exemption is available only for compensation paid during a period of four tax years beginning with the tax year that includes my arrival date.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\***

---

### WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_

In the 2<sup>nd</sup> line: Insert the name of the nonprofit organization or government institution providing the grant, allowance, or award

In the last blank line: Insert the date of your last arrival in the United States before beginning study or training

### Iceland

1. I was a resident of Iceland on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
2. I am temporarily present in the United States for the primary purpose of studying at \_\_\_\_\_; or, I am temporarily present in the United States to obtain professional training or to study or do research as a recipient of a grant, allowance, or award from \_\_\_\_\_.
3. I will receive compensation for services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and Iceland in the amount not in excess of \$9,000 for any tax year.
4. I arrived in the United States on \_\_\_\_\_. The treaty exemption is available only for compensation paid during a period of five tax years beginning with the tax year that includes my arrival date.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\***

---

### **WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)**

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_

In the 2<sup>nd</sup> line: Insert the name of the nonprofit organization or government institution providing the grant, allowance, or award

In the last blank line: Insert the date of your last arrival in the United States before beginning study or training

### Indonesia

1. I was a resident of Indonesia on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.

2. I am temporarily present in the United States solely for the purpose of study at \_\_\_\_\_; or, I am temporarily present in the United States as a recipient of a grant, allowance or award from \_\_\_\_\_.for the primary purpose of study, research, or training.

3. I will receive compensation for services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and Indonesia in an amount not in excess of \$2,000 for my tax year, provided such services are performed in connection with my studies or are necessary for my maintenance.

4. I arrived in the United States on \_\_\_\_\_. The treaty exemption is available only for compensation paid during a period of five tax years beginning with the tax year that includes my arrival date.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\***

---

### **WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)**

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_

1<sup>st</sup> and 3<sup>rd</sup> blank: Country under whose treaty exemption is being claimed  
In the last blank line, insert the date of your last arrival in the United States before beginning study or training.

### Israel, Philippines and Thailand

1. I was a resident of the \_\_\_\_\_ on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
2. I am temporarily present in the United States for the primary purpose of studying at \_\_\_\_\_.
3. I will receive compensation for personal services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and \_\_\_\_\_ in an amount not in excess of \$3,000 for any tax year. I have not previously claimed an income tax exemption under that treaty for income received as a teacher, researcher, or student before the date of my arrival in the United States.
4. I arrived in the United States on \_\_\_\_\_. The treaty exemption is available only for compensation paid during a period of five tax years beginning with the tax year that includes my arrival date.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\***

---

### **WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)**

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_

1<sup>st</sup> and 3<sup>rd</sup> blank: Country under whose treaty exemption is being claimed  
In the last blank line, insert the date of your last arrival in the United States before beginning study or training.

**Korea, Norway, Poland, and Romania**

1. I was a resident of \_\_\_\_\_ on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
2. I am temporarily present in the United States for the primary purpose of studying at \_\_\_\_\_.
3. I will receive compensation for personal services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and \_\_\_\_\_ in an amount not in excess of \$2,000 for any tax year. I have not previously claimed an income tax exemption under this treaty for income received as a teacher, researcher, or student before the date of my arrival in the United States.
4. I arrived in the United States on \_\_\_\_\_. The treaty exemption is available only for compensation paid during a period of five tax years beginning with the tax year that includes my arrival date.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\***

---

**WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)**

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Morocco

1. I was a resident of Morocco on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
2. I am temporarily present in the United States for the primary purpose of studying at \_\_\_\_\_.
3. I will receive compensation for personal services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and Morocco in an amount not in excess of \$2,000 for any tax year. I have not previously claimed an income tax exemption under that treaty for income received as a student before the date of my arrival in the United States.
4. I arrived in the United States on \_\_\_\_\_. The treaty exemption is available only for compensation paid during a period of five tax years, beginning with the tax year that includes my arrival date.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\*

**WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)**

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**Netherlands**

1. I was a resident of the Netherlands on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
2. I am temporarily present in the United States for the primary purpose of full time study at \_\_\_\_\_.
3. I will receive compensation for personal services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and the Netherlands in an amount not in excess of \$2,000 for any tax year.
4. I arrived in the United States on \_\_\_\_\_. I am claiming this exemption only for such period of time as is reasonably necessary to complete my education.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\***

---

**WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)**

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**Pakistan**

1. I am a resident of Pakistan. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant and would not otherwise be considered a resident alien for the relevant tax year.
2. I am temporarily present in the United States solely as a student at \_\_\_\_\_.
3. I will receive compensation for personal services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and Pakistan in an amount not in excess of \$5,000 for any tax year.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\***

---

**WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)**

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_



1<sup>st</sup> and 4<sup>th</sup> blank: Country under whose treaty exemption is being claimed  
In the 3<sup>rd</sup> line: Insert the name of the nonprofit organization or government institution providing the grant, allowance, or award  
In the last blank line: Insert the date of your last arrival in the United States before beginning study or training.

### Portugal and Spain

1. I was a resident of \_\_\_\_\_ on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
2. I am temporarily present in the United States for the primary purpose of studying or training at \_\_\_\_\_; or, I am temporarily present in the United States as a recipient of a grant, allowance, or award from \_\_\_\_\_.
3. I will receive compensation for services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and \_\_\_\_\_ in the amount not in excess of \$5,000 for any tax year.
4. I arrived in the United States on \_\_\_\_\_. The treaty exemption is available only for compensation paid during a period of five tax years beginning with the tax year that includes my arrival date.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\***

---

### **WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)**

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_

1<sup>st</sup> and 3<sup>rd</sup> blank: Country under whose treaty exemption is being claimed  
In the last blank line, insert the date of your last arrival in the United States before beginning study or training.

### Slovenia and Venezuela

1. I was a resident of \_\_\_\_\_ on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
2. I am temporarily present in the United States for the primary purpose of studying or training at \_\_\_\_\_.
3. I will receive compensation for services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and \_\_\_\_\_ in an amount not in excess of \$5,000 for any tax year.
4. I arrived in the United States on \_\_\_\_\_. The treaty exemption is available only for compensation paid during a period of five tax years beginning with the taxable year that includes my arrival date, and for such period of time as is necessary to complete, as a full-time student, educational requirements as a candidate for a postgraduate or professional degree from a recognized educational institution.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\***

---

### **WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)**

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Trinidad and Tobago

1. I was a resident of Trinidad and Tobago on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
2. I am temporarily present in the United States for the primary purpose of studying at \_\_\_\_\_.
3. I will receive compensation for personal services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and Trinidad and Tobago in an amount not in excess of \$2,000 (or, if you are securing training required to qualify you to practice a profession or a professional specialty, not in excess of \$5,000) for any taxable year. I have not previously claimed an income tax exemption under this treaty for income received as a teacher, researcher, or student before the date of my arrival in the United States.
4. I will be present in the United States only for such period of time as may be reasonably or customarily required to effectuate the purpose of this visit.
5. I arrived in the United States on \_\_\_\_\_. The treaty exemption is available only for compensation paid during a period of five tax years.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\*

**WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)**

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Tunisia

- 1. I was a resident of Tunisia on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
- 2. I am temporarily present in the United States for the purpose of full-time study, training, or research at \_\_\_\_\_.
- 3. I will receive compensation for services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and Tunisia in an amount not in excess of \$4,000 for any tax year.
- 4. I arrived in the United States on \_\_\_\_\_. The treaty exemption is available only for compensation paid during a period of five tax years beginning with the tax year that includes my arrival date.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR \*\*\*

---

**WITHHOLDING AGENT CERTIFICATION (For Payroll Office or HR Office Only)**

Name: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_