

Purpose of this Form: To request treaty benefits for payments made to foreign nationals receiving U.S. sourced income.

Note: All fields must be completed in order to accurately process the foreign information. Incomplete forms will be returned.

Personal Information

Last Name: _____ First Name: _____ Initial: _____

Social Security Number (SSN): _____ Individual Taxpayer Identification Number (ITIN): _____

Your Taxpayer Identification Number (TIN), such as a SSN or ITIN, is required to be furnished under authority of the law in the field(s) above, if applicable.

Select if you do not have a TIN (i.e., SSN, ITIN)

Foreign Tax Identification Number: _____ Date of Birth: _____

Email: _____ Employer Name: _____

Address in USA

Line 1: _____

Line 2: _____

City: _____

State: _____ Zip Code: _____

Foreign Address

Line 1: _____

City: _____ Postal Code: _____

Province/Region: _____

Foreign Country: _____

Immigration Information

Country of Citizenship: _____ Country that issued passport: _____

Passport Number: _____ Expiration Date: _____ Visa # (red number): _____

Country of residence if different from foreign residence: _____ Did tax residency end? No Yes, when? _____

Immigration Status: _____ If other, specify: _____

What is the primary purpose of the visit? (Choose one): _____

What is the **start date** of your immigration status? _____ What is the **actual date** you entered the US for this primary activity? _____

What is the **end date** of your immigration status for this primary activity? _____

Income Providing Activity

Self Employment Prizes/Awards Honorarium** Royalties Other: _____

**If payment is for an Honorarium:

Is the activity to receive the Honorarium to last more than 9 days? _____

Did you receive an Honorarium from more than 5 organizations in prior 6 months? _____

Is the activity to be performed a normal academic activity? _____

Description of services provided: _____

Is your employer owned or controlled by an entity of a foreign government? (If yes, please describe below. [FCPA Guidance](#)) Yes No

Are you or any members of your family officials of a foreign government? (If yes, please describe below. [FCPA Guidance](#)) Yes No

Description: _____

Have you (the requestor) viewed the university's [FCPA Guidance](#)? Yes No

Certification

I hereby certify that all of the above information is correct and true. I understand that if my status changes from that which I have indicated on this form, I must submit a new Foreign National Information Form.

Preparer

Signature

Date

Finance Division Use

W-8BEN Received Date: _____

Foreign National: Provide completed form to the CMU department issuing your payment.

CMU Payment - Issuing Department: Submit completed form with the Payment Requested form to Taxation at taxdept@andrew.cmu.edu