

Purpose of this Form: To report payments made (either through the CMUWorks Service Center or Accounts Payable) to foreign nationals providing services outside of the United States.

Note: This form must be completed for each calendar year and signed by recipient before payment can be made.

Personal Information

Last Name: _____ First Name: _____ Initial: _____

Entity Name (if applicable): _____

Country of Citizenship/Residency: _____

Home Country Address

Address Line 1: _____

Address Line 2: _____

City: _____ Postal Code: _____

Province/Region: _____

Country: _____

For calendar year: _____ I am/we are a taxing resident of: _____

I / We understand that the payment I / we receive for these services will not be subject to United States taxing regulation since services are being performed in _____

I / We understand, also, that if these same services are performed in the United States, they will be subject to United States immigration and taxation regulations.

Certification

This signature certifies that the information provided is true and correct.

Preparer _____

Signature _____

Date _____

Finance Division Use Only

Processed by: Taxation CMUWorks Service Center

Signature _____

Date: _____

For employees of CMU, submit form to the HR Service Center at hr-help@andrew.cmu.edu.

For non-employees/entities, submit the form to Taxation at taxdept@andrew.cmu.edu.