



WESTERN MICHIGAN  
UNIVERSITY

## FOREIGN NATIONAL PAYMENT DATA FORM

All services will be performed outside the U.S. Yes  No

If yes, complete only Part 1, items 1, 3, 4, and 5. Country where services will be performed \_\_\_\_\_

If no, complete the entire form (to be completed by the foreign national).

The information provided and attached to this form will be used to determine federal tax withholding requirements for compensation that you receive from Western Michigan University. Please provide all information requested. Failure to do so may result in improper withholding of taxes and/or assessment of penalties by the Internal Revenue Service.

Note to departments: Submit completed form with all necessary attachments to Payroll and Disbursements (See appropriate checklist).

### Part 1 - PERSONAL INFORMATION

U.S. SOCIAL SECURITY NUMBER  
OR U.S. INDIVIDUAL TAXPAYER  
IDENTIFICATION NUMBER (IF ANY)\*

1. U.S. SSN OR ITIN\*

2. Payment type (please check one)

Travel  Independent Contractor

Student  Honorarium

Other:

\* We are requesting this per IRC Section 1441

3. Name (Last)

(First)

(Middle)

### CITIZENSHIP AND NONIMMIGRANT VISA STATUS INFORMATION

4. Country of Citizenship

5. Country of Residence

6. When does your permission to stay in the U.S. expire? Date:

7. When does your work authorization expire? Date:

8. Permanent mailing address in country of residence

### CURRENT VISA STATUS

9. After arrival in the U.S., visa status will be verified by the I-94 or I-94W and a copy of picture page of passport for all foreign nationals. By signing this form you are giving Western Michigan University permission to retrieve your I-94 directly from the CBP website at: <https://i94.cbp.dhs.gov/i94/#/home>

B-1 Business

B-2 Tourist

F-1 Student (must attach copy of I-20)

WB Business Waiver

WT Tourist Waiver

Canadian without visa

Employment Authorization Card

Other (specify):

H-1B Temporary Worker

J-1 Non-student Exchange Visitor

(must attach copy of DS-2019)

specify name of sponsoring

institution

11. Date of entry into the U.S. under this visa status? Date:

Intended length of stay in the U.S. under this visa status? Date:

**Part 2 - TAX TREATY INFORMATION (Complete this section if being paid for services)**

12. Does your country of residence have a \_\_\_\_\_ If Yes, do you desire to claim exemption from withholding tax treaty with the United States? \_\_ Yes \_\_ No in accordance with tax treaty provisions?

13. If yes to both questions above and you are being compensated, attach IRS Form 8233

IRS Form 8233 (Form)

IRS Form 8233 (Instructions)

<https://www.irs.gov/pub/irs-pdf/f8233.pdf>

<https://www.irs.gov/pub/irs-pdf/i8233.pdf>

Tax Treaties can be found at:

<https://www.irs.gov/businesses/international-businesses/united-states-income-tax-treaties-a-to-z>

NOTE: IRS Form 8233 requires a U.S. Taxpayer Identification Number to apply a tax treaty benefit.

**Part 3 - TO BE COMPLETED BY VISITORS IN B-1, B-2 OR WB/WT STATUS ONLY AND CANADIANS ARRIVING WITHOUT A VISA.**

14. The American Competitiveness and Workforce Improvement Act (ACWIA) allows international visitors in Business or Tourist (B-1/B-2, WB/WT) travel status to be paid honoraria or be reimbursed for travel expenses only if all of the following conditions are met:

- \* You are a visitor performing services of academic activities (short term instruction including guest lectures, seminars, presentations, workshops, laboratory demonstrations, and special programs; research consultations and collaboration; participation in consortium activities; or, advisory committees) associated with Western Michigan University. Payment is made for services conducted for the benefit of WMU. Participation as a trainee only does not qualify as performance of services conducted primarily for the benefit of WMU.
- \* Your activity being compensated is any portion of nine days or less at Western Michigan University.
- \* You have not been paid or reimbursed by more than five U.S. Institutions or organizations during the past six months including Western Michigan University.

All of the above statements are true (check one):	Yes	No
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**Part 5 - CERTIFICATION OF INFORMATION PROVIDED**

20. I certify that to the best of my knowledge and belief, all the information I have provided on this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Part 6 - WMU TAX DEPARTMENT APPROVAL**

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

WITHHOLD 30% FEDERAL TAX YES  NO