



3b. EID

UW Form 1007

Foreign National Payment Data Sheet Instructions



Part I. Personal Information

1. Enter your U.S. social security number or ITIN if you have one, otherwise leave blank

2. Check the payment type that you will be receiving:

1. Travel - for travel reimbursement expenses

2. Student - for scholarships or fellowships paid through Student Fiscal Services - include student number

3. Independent Contractor - for honorarium or vendor payments

4. Stipend/Wage - wages or scholarships or fellowships paid through Payroll

3. Enter your name - last name, first, and middle (must be the same as shown on your Social Security Card if applicable).

3b. Enter your Employee ID Number (EID). This is only required when requesting a payment made through the Payroll Office (which should only be if stipend/wages is selected for payment type). If you do not have this, check with your payroll coordinator.

4. Enter your country of citizenship.

5. Enter your country of permanent residency (not United States).

6. Check the appropriate box - candidate for a U.W. degree.

7. Enter the date that your permission to stay in the U.S. expires.

8. Enter the date that your work authorization expires (based on DS-2019, I-20, H1B/TN, or

 Employment Authorization Card).

9. Enter your permanent foreign address in your country of residence.

10. Current visa status:

 A. My visa status is

1. Check your current visa status. If F-1, J-1 or H-1B is checked, please enter the name of the institution sponsoring your visa. If "other" is checked, please specify your visa type.

 B. Date of Entry

1. Enter the date you first time entered the U.S. on your current visa status.

2. Enter the length of stay in the U.S. under this visa status.

 C. U.S. Residency

11. Have you ever been in the U.S. before? If YES, complete visit information below #13 and follow

instructions if you need more space. If NO, then proceed to PART II of the form.

 D. Length of Stay

12. Will you be in the United States 31 days or more this calendar year (January through December)? If YES then complete the visit information. If you need more space, then attach another sheet of paper or put it on the back of the form. If NO then proceed to PART II of the form.

13. Visit 1:

1. Enter your visa status for your first visit to the US.

2. Enter your activity for your first visit to the US.

 3. Enter the date you first visit entered the US.

 4. Enter the date you first left the US.



14. Visit 2:

 1. Enter your visa status for your second visit to the US.

 2. Enter your activity for your second visit to the US.

 3. Enter the date you entered the US on this visit.

4. Enter the date you left the US on this visit.

15. Visit 3:

1. Enter your visa status for your third visit to the US.

2. Enter your activity for your third visit to the US.

3. Enter the date you entered the US on this visit.

4. Enter the date you left the US on this visit.

Note: Attach another piece of paper if you need room to list more visits.

Part II. Tax Treaty Information

16. Employee reviews IRS Publication 901Tax Treaties and make an initial tax treaty eligibility

assessment.

Note: Cannot claim tax treaty benefits until have a SSN or U.S. ITIN

A. Does your country of residence have a tax treaty with the United States? If YES, then answer the next question. If NO, then proceed to PART III of the form.

B. If YES, do you desire to claim exemption from withholding in accordance with tax treaty provisions? If YES then see question below. If NO, then proceed to PART III of the form.

C. If YES, to both questions and you are being compensated, complete IRS Form 8233 with attachment or W8-BEN, and check box, "Is attached to this form" if you have completed the forms or check box, "Has been previously submitted to my UW host department" Refer to <http://f2.washington.edu/fm/payroll/foreign-nationals/federal-withholding-taxes-and-tax-treaties> for forms and instructions. For more information regarding form 8233, see provided links.

Part III

17. TO BE COMPLETED BY VISITORS FROM BARBADOS, GREECE, JAMAICA, REPUBLIC OF KOREA, MOROCCO, PHILIPPINES, THAILAND, TRINIDAD AND TOBAGO, AND TUNISIA: If you are a resident from a country listed above, then complete the payment information using data only for this calendar year. If you are not a resident of one of these countries, then proceed to PART IV. (Skip this part if you receive payments from the Payroll Office)

Part IV. B Visas or Visa W aiver Countries Only

18. Read the statements and check the appropriate box. . (Skip this part if you receive payments from the Payroll Office)



Part V. Test for Determining Residency for Tax Purposes

19. Test 1. If you are either a permanent resident or a refugee seeking asylum, check the appropriate box and go directly to Summarize Results below. If no box was checked, go to Test 2.

 20. Test 2. If you are on a J teacher/researcher visa and have been in the U.S. for fewer than two calendar years

 out of the last six years, check the first box.

 If you are on an F or J student visa and have been in the U.S. for fewer than 5 calendar years in your

student status, check the second box.

 If the third box is appropriate, check the box. You must attach proof from the IRS.

 If any box was marked, you are a non-resident alien for tax purposes. Enter in :Summarize results

 below". If no box was checked, go to Test 3.

21. Test 3. Enter the dates you were or plan to be present in the U.S. during the current year and the two prior

 years. Under the IRS test for tax residency, all of the days in the current year, 1/3 of the days in the prior

 year and 1/6 of the days in the year before are counted. If the sum of the days equals or exceeds 183 days,

 go to Test 4. Otherwise go directly to Summarize Results below.

22. Test 4. If you have been or will be present in the U.S. for fewer than 183 days in the current year AND

 you pay taxes in your country of residence AND you have a closer connection to that country, check

 the YES box. Otherwise, check the NO box.

23. Summarize results.

Part VI

 Sign and Date this form

24. Your signature must be provided to certify the answers on the form are true and correct.

 Enter the name of the sponsoring UW department. Enter the box number of the sponsoring

 UW department. Enter department contact email address. Enter department contact phone number.

