

Foreign Vendor Withholding Assessment
(U.S. Permanent Resident with Green Card: Do not fill out this form, fill out IRS form W-9 instead)

Part 1 to be filled out by Foreign Vendor

Personal Information

Last (Family) Name: _____	First Name: _____
Date of Birth (Month/Day/Year): _____	Email address: _____
Social Security Number (if applicable): _____	
Individual Taxpayer Identification Number (if applicable): _____	
UNC PID (if applicable): _____	

Foreign Residence Address

Foreign Address Line 1: _____
 Foreign Address Line 2: _____
 Foreign Address Line 3: _____
 Foreign City: _____
 Province/Region: _____
 Postal Code: _____
 Country of Residence: _____

US Address (if applicable)

US Address Line 1: _____
 US Address Line 2: _____
 US Address Line 3: _____
 City: _____
 State: _____
 Zip code: _____

Passport Information

Country of Citizenship: _____
 Country that issued Passport: _____
 Passport No: _____ Expiration Date: _____

Tax Residency Verification

Prior to your current visit to the U.S., in what country were you employed and paying taxes?
 (In other words, do you have tax residency in any other country? If so, what country?) _____

If you are married to a U.S. citizen or resident alien, will you file U.S. taxes jointly? (yes/no) _____

Do you/will you have an office (fixed base) in the U.S.? (yes/no) _____

If yes, how many days in this tax year did you/will you have an office? _____

Please check one of the following:
☐ I am or have been classified as a Resident Alien for tax purposes. (Provide documents from section 1 and 2 below).

☐ I am a Non-Resident Alien for tax purposes. (Provide documents from section 1 and 2 below).

Required documentation
PLEASE NOTE: ALL DOCUMENTATION REQUESTED BELOW MUST BE CLEAR AND LEGIBLE COPIES / SCANS.
Section 1: You must include ALL of the below listed.

1. Copy of Passport page with picture (biographical page)
2. Copy of Visa page of Passport with issue date
3. Copy of current US entry stamp as soon as possible after arrival (also from passport)
4. IRS Form W-8BEN, completed and signed. <https://www.irs.gov/pub/irs-pdf/fw8ben.pdf>
5. Most recent Form I-94. This can be obtained by visiting: <https://i94.cbp.dhs.gov/i94/#/home>
6. If you wish to claim tax treaty benefits, you must provide a completed and signed IRS form 8233. To claim tax treaty benefits, a U.S. Social Security Number or U.S. Taxpayer Identification Number must be provided. <https://www.irs.gov/pub/irs-pdf/f8233.pdf>

Section 2: If you are any of the following visa types, please include a copy of the documents below as applicable to your Visa type or Immigration Status:

Type:

F-1: I-20 and letter of permission from home department and International office.

J-1: DS-2019 and letter of permission from home department and International office.

Visa Waiver Program: Page from passport showing stamp.

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Part 2 to be filled out by Foreign Vendor

VISA and Immigration Status Information

Visa Type (check one):

<input type="checkbox"/> B-1	<input type="checkbox"/> Visa Waiver	<input type="checkbox"/> TN	If Visa not listed, please specify type below: (and subtype if J-2 visa) _____
<input type="checkbox"/> B-2	<input type="checkbox"/> U.S. Permanent Resident	<input type="checkbox"/> O-1	
<input type="checkbox"/> H-1B	<input type="checkbox"/> J-1 If J-1, list subtype (field 4 on DS 2019): _____	<input type="checkbox"/> F-1 If F-1, specify CPT or OPT _____	

If you are a student, at what level do you study? (check one):

<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral	<input type="checkbox"/> Other (describe): _____
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Primary Purpose / Activity of this visit (check one):

<input type="checkbox"/> Studying in a degree program	<input type="checkbox"/> Lecturing	<input type="checkbox"/> Temporary Employment
<input type="checkbox"/> Studying in a non-degree program	<input type="checkbox"/> Consulting	<input type="checkbox"/> Clinical Activities
<input type="checkbox"/> Teaching	<input type="checkbox"/> Conducting Research	<input type="checkbox"/> Acquiring Training
<input type="checkbox"/> Other--Please specify: _____		

For this visit, please list the below dates (Month/Day/Year):

Arrival date to the U.S. _____ Last day at UNC _____
First day at UNC _____ Departure date from U.S. _____

US Immigration / Travel History

What is the very first date you EVER entered the U.S.? (Month/Day/Year) _____

Please list all visits to the U.S. in the last 3 calendar years below, and all F, J, M, or Q visa activity since Jan 1, 1985.

Date of Entry Month/Day/Year	Date of Exit Month/Day/Year	Visa Type If J, include subtype	Primary Purpose of Stay	Treaty benefits taken? (Yes/No)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If more space is needed for U.S. travel history, please include attachment and follow the format above.

Certification

Do you allow UNC-CH to access your I-94 records online for travel history? Yes/No

For Honorarium Payments Only:

Is the activity in which you will receive honorarium payment to last more than 9 days? Yes/No

Did you receive Honorarium payments from more than 5 institutions in the United States in the prior 6 months? Yes/No

Is the activity to be performed a normal academic activity? Yes/No

I attest that all information which I have provided to UNC is true and accurate. I understand that if any information listed herein changes, I must notify UNC and provide updated information. Failure to do so could result in tax or immigration complications for me in the future.

Signature: _____ Date: _____

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Part 3 to be filled out by UNC-CH Department

Please select the payment type(s) and amounts for each:

<input type="checkbox"/> Honorarium	Amount:	<input type="text"/>
<input type="checkbox"/> Award	Amount:	<input type="text"/>
<input type="checkbox"/> Performing Artist compensation	Amount:	<input type="text"/>
<input type="checkbox"/> Athlete compensation	Amount:	<input type="text"/>
<input type="checkbox"/> Travel Reimbursement	Amount:	<input type="text"/>
<input type="checkbox"/> Travel Grant	Amount:	<input type="text"/>
<input type="checkbox"/> Prizes/Awards	Amount:	<input type="text"/>
<input type="checkbox"/> Rents	Amount:	<input type="text"/>
<input type="checkbox"/> Royalties	Amount:	<input type="text"/>
<input type="checkbox"/> Personal Services	Amount:	<input type="text"/>
<input type="checkbox"/> Materials/Goods	Amount:	<input type="text"/>
<input type="checkbox"/> Fellowship/Scholarship	Amount:	<input type="text"/>

If this option, provide sponsor documentation detailing the purpose for which the funds are to be spent that would qualify the payment as a fellowship or scholarship

<input type="checkbox"/> Other	Amount:	<input type="text"/>
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If this option, briefly describe payment type below:

Our department is sponsoring _____ (name of foreign vendor/payee) at UNC-CH and the activities he/she is being compensated fall within the broad realm of normal and customary academic activities such as teaching, research, public service, or academic administration or operations.

Signature of department representative: _____

Title: _____ Date: _____

Print Name: _____