|  |  |  |
| --- | --- | --- |
| **REQUIRED FORMS AND DOCUMENTS** | | |
| **TYPES OF PAYMENT** | **Required documents if no Treaty Applicable** | **Additional required documents if Treaty Applicable** |
| **INDEPENDENT** | Foreign National Data Form (FNDF) | Form 8233 |
| **CONTRACTOR/** | Letter of Agreement | Copy of Social Security Card (SS) or Individual |
| **GUEST SPEAKER/** | Tax Summary Report + required documents (GLACIER) | Taxpayers Identification Number Card (ITIN) |
| **HONORARIA** | Copy of I-94 (Departure Record) |  |
| (Visa holders of B1, B2, | Copy of passport identity page  Copy of visa page and/or port of entry stamp |  |
| WB, and WT) | W-8BEN |  |
|  | Copy of Purchase Order if over $5,000 |  |
|  | Honoraria Statement (if request for Honoraria payment) |  |
|  | W7 and a notarized copy of passport (if no SSN or ITIN) |  |
|  | Affidavit of Compliance (if No SSN or ITIN) |  |
| **SCHOLARSHIP/** | FNDF | Form 8233 |
| **FELLOWSHIP** | Grant document  Form W4 | Copy of Social Security Card (SS) or Individual |
| **(IN EXCESS OF** | Tax Summary Report + required documents (GLACIER) | Taxpayers Identification Number Card (ITIN)W- |
| **TUITION,** | Copy of I-94 (Departure Record) | 8BEN |
| **REQUIRED FEES,** | Copy of passport identity page  Copy of visa page and/or port of entry stamp |  |
| **BOOKS)** | Documents listing the payment requested |  |
|  | W7 and a notarized copy of passport (if no SSN or ITIN) |  |
|  | Affidavit of Compliance (if No SSN or ITIN) |  |
| **ROYALTY** | FNDF | Form 8233  Copy of Social Security Card (SS) or Individual |
|  | Tax Summary Report + required documents (GLACIER)  Royalty Information Statement (from GLACIER) | Taxpayers Identification Number Card (ITIN) |
|  | W-8BEN |  |
|  | Documents listing the payment requested |  |
| **PRIZE/AWARD** | FNDF | Form 8233  Copy of Social Security Card (SS) or Individual |
|  | Tax Summary Report + required documents (GLACIER) | Taxpayers Identification Number Card (ITIN) |
|  | Copy of I-94 (Departure Record) |  |
|  | Copy of passport identity page  Copy of visa page and/or port of entry stamp |  |
|  | Documents listing the payment requested |  |
|  | W7 and a notarized copy of passport (if no SSN or ITIN) |  |
|  | Affidavit of Compliance (if No SSN or ITIN) |  |
| **MISCELLANEOUS** | FDNF | Form 8233  Copy of Social Security Card (SS) or Individual |
|  | Tax Summary Report + required documents (GLACIER) | Taxpayers Identification Number Card (ITIN) |
|  | Copy of I-94 (Departure Record) |  |
|  | Copy of passport identity page  Copy of visa page and/or port of entry stamp |  |
|  | Documents listing the payment requested |  |
|  | W7 and a notarized copy of passport (if no SSN or ITIN) |  |
|  | Affidavit of Compliance (if No SSN or ITIN) |  |

The following information is needed for the purpose of determining the U.S. federal income tax withholding for payments made by the University of Maryland, Baltimore (UMB).

* All questions below must be answered.
* Attach a copy of the form(s) and document(s) listed in the Required Forms and Documents section of this form.
* This form must be completed and returned with copies of required documents to UMB before any check can be issued.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION I: PERSONAL INFORMATION** | | | | | | |
| **Name** | Last/Family: |  | | First | Middle |
| **Tax Residency Status** | | US Citizen  Permanent Resident  Other Alien authorized to work in the US | | **Social Security Number**  **OR**  **Individual Taxpayer**  **Identification No.** | -  -  OR     -  - |
| **Address in the US** | | City:  State::  Zip: | | **Home Address** | City:  Province::       Zip:  Country: |
| **Country of Tax Residence** | | |  | **Citizen of** |  |
| **Country that Issued Passport** | | |  | **Passport Expiration Date** |  |
| **Current Visa Type** | | |  | **Visa Expiration Date** |  |
| **Date of Arrival** | | |  | **I-94 Expiration** |  |
| **Telephone** | | |  | **Location where services to be provided** | United States  Other Country: |
| **Email Address** | | |  | **Date of Birth** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION II: DEPARTMENT INFORMATION** | | | | |
| **Campus/Department ID** | | UMB(02)/ | **Location Code** |  |
| **Date of Appointment (Effective Date)** | |  | **Sponsor Empl ID** |  |

|  |  |  |
| --- | --- | --- |
| **SECTION III: GLACIER ONLINE TAX ANALYSIS** | | |
| Step 1  Step 2  Step 3 | Upon completion, foreign national to print the Tax Summary Report from GLACIER AND attach required forms and document copies (see Required Forms and Documents from page 1), and send to the department representative.  Tax Treaty Applies:  Yes  No (Based on the tax determinations from Glacier Tax Summary Report)  Department sent the packet to FS-Payroll for payment processing. | |
| **SECTION IV: PURPOSE OF PAYMENT AND ACCOUNT INFORMATION** | | | | |
| **Primary Activity of the Visit** | | | Studying in a  Degree Program  Non-Degree Program  Presenting in a Conference  Observing/Training  Demonstrating Special Skills  Conducting Research  Consulting  Lecturing  Other- please explain | |
| **Type of Payment:** | | | Honoraria/Guest Speaker Fee  Independent Contractor Consulting Fee - Purchase Order #  Scholarship/Fellowship  Royalty  Prize/Award  Misc: | |
| **Purpose of payment** | | |  | |
| **Account Distribution Information** | | | Effective date       **Total must be 100%**  Combo Code       Object       Distribution %       Funding End Date  Combo Code       Object       Distribution %       Funding End Date  Combo Code       Object       Distribution %       Funding End Date | |
| **Taxes to be charged**  **(if paid by the dept)** | | | Combo Code       Obectt       Distribution %       Funding End Date | |
| **Amount and Payment Frequency** | | | Total USD  Please check:  One time  Biweekly (USD      per pay period) | |
| **Starting and Ending pay period end** | | | Starting PPE       Ending PPE | |

**Certification to be completed by the Non-U.S. Citizen:**

I hereby certify that to the best of my knowledge, all of the information I have provided on this form is true, correct, and complete. I understand that if my status changes from that which I have indicated on this form, that I must submit a new form to my department representative.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION V: PAYMENT AUTHORIZATION** | | | |
| **Requested By**  **(PRINT NAME)** | |  | **Dept Name and ID** |  |
| **Requested By**  **(SIGNATURE)** | |  | **Phone No.** |  |
| **Approved By**  **(PRINT NAME)** | |  | **Title:** |  |
| **Approved By**  **(SIGNATURE)** | |  | **Date:** |  |