(REV 120124 ADA)

UNIVERSITY OF HAWAII STATEMENT OF CITIZENSHIP AND FEDERAL TAX STATUS



Anticipated Departure Date

PURPOSE:

This form is for individuals. To comply with applicable tax provisions of the Internal Revenue Service(IRS) regulations, the information requested on this form is <u>required</u> to determine the appropriate federal tax withholding and is required for each calendar year. (Business entities should use IRS Form W-9)

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UNITED STAT	ES (US) CITIZENS:	1. Complete Sections A	and E only.
PERMANENT	RESIDENT ALIENS:	Complete Sections A Attach a photocopy (and Eonly. front and back) of your Alien Registration Card.
ALL OTHERS:	 Complete Sections D Complete Section D Submit copy of your Passport ID Page a Submit IRS Form W 	if applicable.	 For J-1 visaholders, submit copy of DS-2019. For B visaholders, submit DISB-45. For F-1 visaholders, submit copy of I-20. Submit IRS Form 8233 if performing services as independent contractor (Treaty only).

Section A. PERSONAL INFORMATION

First	Middle	US Social Security Number or ITIN		
	Country of Residence for Tax Purpose	E-Mail Address		
ES []NO				
ES []NO If y	ou answered "YES", please provide your employer'	s information:		
Number 8	& Street City / Province	e State	Postal Code	
	O'I	01.1	7' 0 1	
	City	State	Zip Code	
•			•	
	City/Province	Country	Postal Code	
	ES []NO	Country of Residence for Tax Purpose ES [] NO ES [] NO If you answered "YES", please provide your employer' Number & Street City / Province City	Country of Residence for Tax Purpose E-Mail Address ES [] NO ES [] NO If you answered "YES", please provide your employer's information: Number & Street City / Province State City State	

Intended Length of Stay (Days)

Section B. US IMMIGRATION ACTIVITY

Expiration Date of Current Visa

1. Current Visa Status
Date of US Entry

Current Visa Type (check appropriate box):		What is the primary purpose of the visit? (check appropriate box)							
[]F-1 Student			Studying/Training/Research in a Degree Program Studying/Training/Research in a Non-Degree Program						
	tudent								
[] J-1 Vi	isitor (Non-Student)						toral Associate/Fe	ellow	
[] B-1/M	VB Visitor for Business		L.			as an Independ conducting a wo			
[] B-2/W	VT Visitor for Pleasure (Tourist)		[] Other:					
[] Other	r INS Classification (list status):								
2. Is this t	2. Is this the first time you have entered the United States?] YES [] NO				
3. Past Vis	sa History								
Provide the	e number of days you were or will	be physically present in the Uni	ited St	tates. Not	e: Calend	ar year refers to	the period Januar	ry 1 - Decem	ber 31.
Calendar Year	Enter Visa Type/INS classification held while present in the US during the listed calendar year	Enter period(s) when you were or will be physically present in the US during the listed calendar year. (list dates as mm/dd/yy, e.g., 01/01/12 – 12/31/12			Number of days present in the United States		eaving the s year?		
								[]YES	[] NO
					•				
									-

Calendar Year	Enter Visa Type/INS classification held while present in the US during the listed calender year	. ()	. , , , .	nysically present in the US during the listed calendar year. Numl present in the US during the listed calendar year. Unite	
ection (C. Tax Status Determination	on			
TEP 1 : Co		ce Test (SPT) by completi	ny days during your firs	r F, J, M or Q Visa holders, please note t t 5 calendar years in the United States in	
•	For J or Q Non-Student Visa h	olders: Do NOT count ar years in the Unit	ny days during your firs ed States in which you	t 2 calendar years in the current and pre- held a J or Q Non-Student visa.	vious 6 calend
CALEN YEA	IDAR WERE OR WILL B UNITED STATES	MBER OF DAYS YOU E PRESENT IN THE FOR EACH YEAR A)	RATIO (B)	CALCULATE TOTAL NUMBER O COUNT FOR EACH YEA (A X B)	F DAYS TO
			1	, ,	
			1/3		
			1/6		
			TOTAL # OF DAYS		
• If R	RESIDENT ALIEN (RA) FOR TA you marked "No" to one or both	X PURPOSES for this cal questions, then you did n	lendar year. Go to and <u>ot</u> pass the Substantial	I Presence Test and will be treated as a	
	IONRESIDENT ALIEN FOR TA D. EXEMPTION FROM WIT				
	ments made to Nonresident A				
a. You	must be a resident of a country	that has a tax treaty with the	ne US. (Consult IRS Pu	reaty if you meet the following requiremer ublication 901, US Tax Treaties, plicable to the type of payment you'll be re	
•	Scholarship or Fellowship Artic				J
b. You	Independent Personal Services must meet all requirements rega	arding residency, time, and	dollar limitations desc	' '	
	want to claim a treaty exemp I am a resident of a country from US tax withholding via one of the following IRS for	tion from US federal tax that has a tax treaty with t a a US Tax Treaty with	withholding? (Check he US and has an appl	one box only.) iicable tax treaty article. Therefore, I <u>claim</u> _, my country of residence. I have attach ons at http://www.irs.gov/formspubs/index	exemption ed
			ip, Traineeship, and Ro	yaltypayments.	
[]NO []NO	 IRS Form W8-BEN I choose not to claim a treat treaty with the US and an ap Traineeship) or 30% (All other I cannot claim a treaty exempt 	aty exemption from US ta plicable treaty article. I und er payments.). otion from US tax withholdi	x withholding, even the derstand taxes will be wing because I do not me	vithheld at 14% (Scholarships, Fellowship eet the requirements stated in Part 1 abov	o, or
] NO	 IRS Form W8-BEN I choose not to claim a treat treaty with the US and an ap Traineeship) or 30% (All other I cannot claim a treaty exempt 	aty exemption from US ta plicable treaty article. I und er payments.). otion from US tax withholdi hheld at 14% (Scholarship	x withholding, even the derstand taxes will be v ing because I do not me os, Fellowship, or Traine	vithheld at 14% (Scholarships, Fellowship eet the requirements stated in Part 1 above eeship) or 30% (All other payments).	o, or

complied with all tax treaty requirements to qualify for the reduced rate.	(For Resident Aliens, IRS has not notified me of backup withholding.)
Signature:	Date:

RESET FORM

University of Hawaii - Disbursing Office 1402 Lower Campus Rd, Bldg H., RM 34 Honolulu, Hawaii 96822 Phone (808) 956-7126

Electronic Funds Transfer Authorization

Select one: New Author	rization Change Bank Info	rmation* Cancel Di	rect Deposit					
Business / Individual Name, Tax ID and Mailing Address (General)								
Name								
Tax ID #	(doing business as)		-					
Address								
City	City							
State Zip Code								
Contact Information								
Contact Name	Ti	le						
Phone	Ext FA	.X						
Financial Institution Information								
Financial Institution Name ABA Routing Number (9 digit number, ident Bank Account Number Account Holder Name Street Address City, State, ZIP code Type of Account: Financial Institution Information EFT Ve If this request is to change existing ACH inf OLD Financial Institution Name	·	(must be 4-1	7 digits) tion to confirm) ATION)					
OLD Financial Institution Name OLD ABA Routing Number (9 digit number, identifies bank's location, name, Federal Reserve district, and area; contact your bank to be sure) OLD Bank Account Number (must be 4-17 digits)								
Authorization to Make Electronic Fund Payments								
I authorize the University of Hawaii to direct deposit payments, by electronic fund transfer, to my checking or savings and if necessary, debit entries and adjustments for any amounts deposited electronically in error. The payments shall be deposited in the financial institution designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.								
This Authorization will remain in effect until I submit written notification of its cancellation in such time and such manner, as to afford the University of Hawaii and my financial institution named above a reasonable opportunity to act on it.								
I consent to and agree with the National Automated Clearing House Association (NACHA) Rules and Regulations about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed. ACH/EFT is not available to foreign companies due to NACHA regulations for monetary transfer to foreign banking institutions.								
Authorized Signature	Printed Name	Title	Date					

UNIVERSITY OF HAWAII

UH Disbursing Office 1402 Lower Campus Rd., Bldg H, Rm 34 Honolulu, HI 96822 Phone (808) 956-7126

International Electronic Funds Transfer Certification

Effective September 18, 2009, the National Automated Clearing House Association (NACHA) changed the requirements for receiving electronic payments. As of that date, all electronic payments to banks in another country have to be coded as an international payment.

Although the University of Hawaii only allows electronic payments to U.S. banks, a vendor could instruct their U.S. bank to forward their payment to a bank in another country. In this scenario, the vendor's electronic payment to their U.S. bank must be coded as an international payment. Please see below for a sample scenario:

Sample Scenario

Company XYZ has their payment for services direct deposited into their U.S. bank account and then 100% of those funds are moved by their U.S. bank to a bank in Mexico. Effective September 18, 2009, this transaction must be coded as an international payment.

In order to comply with this requirement, please indicate in the check boxes below of the final destination of your electronic payments.

The final destination of my electronic payment is a U.S. bank
Electronic payments to my U.S. bank will be forwarded to a bank in another country

Routing of funds outside the U.S. is considered high risk by Bank of Hawaii, our financial institution, and are not currenly supported.

Business Name:

Authorized Signature:

Date:

Title:

Mail form to: UH Disbursing Office, 1402 Lower Campus Rd, Bldg H, Rm 34, Honolulu, HI 96822