

**AFFIDAVIT FOR NONRESIDENT ALIEN HONORARIA PAYMENT
 9/5/6 ATTESTATION and TAXATION AGREEMENT**

Independent Contractor Information:

Last Name: _____ First Name: _____

SSN or Tax Payer Identification Number (ITIN): _____

College: _____ Program Name/Dept.: _____

Brief Description of Activity: _____

I hereby attest that I have accepted an invitation from The City University of New York, which will provide an honoraria payment and/or associated incidental expenses. The payment or incidental expenses will be for usual academic activity.

I certify that I have not received honoraria payments and/or associated expenses from more than five institutions in the previous six-month period. I further certify that the honoraria payment and/or associated expenses I will receive from The City University of New York are for usual academic activities and that those activities will not last for more than nine days.

For payment processing purposes, I am attaching:

- Copy of my passport
- Copy of Visa Sticker / Stamp in passport
- Copy of I-94 / I-94W Card
- Copy of Social Security Card or Evidence of ITIN Number

I acknowledge that The City University of New York will apply the default tax withholdings for this honoraria/expense payment. I declare that I am aware that **this payment will be subject to 30% federal tax withholdings, as well as local tax withholdings, as applicable.**

 Signature of NRA Independent Contractor Date: ____/____/____

Statement of Department Head or Account Manager: As sponsor, I attest that the above individual has been engaged in the described activities for the benefit of The City University of New York for any portion of nine days or less, and the activities for which the individual will be paid or reimbursed, are limited to usual academic activities.

 Authorized Signature Date: ____/____/____

 Print Name Title