

Independent Contractor’s Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SSN / ITIN: \_\_\_\_\_

U.S. Address: \_\_\_\_\_ Foreign Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

<b>Description of services:</b> <input type="checkbox"/> <b>Lecture</b> <input type="checkbox"/> <b>Presentation</b> <input type="checkbox"/> <b>Consulting</b> <input type="checkbox"/> <b>Other</b>
<b>Dates of Services: (not to exceed 9 days):</b> <b>1. From:</b> ___ / ___ / _____ <b>to:</b> ___ / ___ / _____ <b>2. From:</b> ___ / ___ / _____ <b>to:</b> ___ / ___ / _____ Date Services Completed: ___ / ___ / _____ Faxed completed Tax Compliance Notification Sheet to Nonresident Alien Tax Specialist on : ___ / ___ / _____. I certify to the best of my knowledge that the above information is correct and that the services have been performed. Department Name: _____ Phone: _____ Authorized Signature: _____ Date: : ___ / ___ / _____ Print Name: _____ Title: _____

<p align="center"><b>Payment authorization to be completed by the Business Manager or Designee:</b></p> <input type="checkbox"/> Contractor has completed an Individual Record using Sprintax TDS Online Tax Compliance System, copy of Tax Summary Report and all applicable tax forms as necessary, are attached. <input type="checkbox"/> Contractor certifies compliance with 9/5/6 requirements, copy of Sprintax TDS attestation attached. <input type="checkbox"/> Does not constitute an employee/employer relationship. Worker should be paid as NRA Visitor – Honorarium. <input type="checkbox"/> Does constitute an employee/employer relationship. Worker should be paid as an employee.
Gross amount to be paid to Non-Resident Alien: \$ _____ <i>Gross = Net Amt / (1 – Ratio) Example: 100 Net at 30%; Gross = 100 / (1-30%)</i>
Authorized Signature: _____ Date: : ___ / ___ / _____
Print Name: _____ Title: _____
College: _____

<b>Payroll:</b>
Process Date: ___ / ___ / _____      Check date: ___ / ___ / _____      By (initials): _____