Foreign Source Income Statement:
Nonresident Alien Income for Services/Activity Performed Outside the U.S

Empl ID: ________________________   Date: ____________________
(Not SSN / ITIN. Your Employee ID listed on your Earnings Statement)

Full Name: _______________________________________________________________________

UW Institution: ___________________________________________   UDDS: ___________________

I, ________________________________________________ certify that all of the following statements are true:
(print your name)

• I am not a U.S. citizen or permanent U.S. resident;
• I will not be in the U.S. for enough days this calendar year to pass the IRS substantial presence test (see http://www.irs.gov/Individuals/International-Taxpayers/Substantial-Presence-Test);
• All, or the specified portion, of the services I perform for the University of Wisconsin, and any non-service scholarship or fellowship income received, is for work/activity performed in:
(print country name)

My U.S. presence during __________ (print year). Provide a separate form for each calendar year.
List all planned and all potential U.S. visits during the specified calendar year. Add a separate page for additional visits.

<table>
<thead>
<tr>
<th>Visit Start Date (mm/dd/yyyy)</th>
<th>Number of Days in the U.S.</th>
<th>Immigration Status During This Visit (example: B1 Visa)</th>
<th>Purpose of Visit (example: vacation, seminar, etc.)</th>
</tr>
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<tr>
<td>Visit End Date (mm/dd/yyyy)</td>
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• If my visit plans change, I agree to inform the University immediately by email notification sent to my department payroll contact.
• I realize that if I DO return to the United States during this calendar year, I may owe the University of Wisconsin federal, state, Social Security and Medicare tax for the periods I am present. In addition, if I pass the substantial presence test during this calendar year, I may owe tax retroactively on all income received during the year.

_________________________________________________________________   _________________________
Employee Signature       Date (mm/dd/yyyy)

Please return your completed and signed form to your hiring department contact within 30 days of receipt.
Return to:

Office Use Only:
Department Payroll Contact, please forward a copy of this form to your Glacier Account Responsible Administrator / Campus Payroll Office.

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