

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.

Visit Start Date (mm/dd/yyyy)	Number of Days in the U.S.	Immigration Status During Visit (if J1, include wording in box 4 of DS-2019, i.e.: J1 Research Scholar)
Visit End Date (mm/dd/yyyy)		Purpose of Visit (example: vacation, seminar, etc.)

Visit Start Date	Number of Days in the U.S.	Immigration Status During this Visit (if J1, include wording in box 4 of DS-2019)
Visit End Date		Purpose of Visit

Visit Start Date	Number of Days in the U.S.	Immigration Status During this Visit (if J1, include wording in box 4 of DS-2019)
Visit End Date		Purpose of Visit

Visit Start Date	Number of Days in the U.S.	Immigration Status During this Visit (if J1, include wording in box 4 of DS-2019)
Visit End Date		Purpose of Visit

- 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.