

Section C. Tax Status Determination

STEP 1: Complete the Substantial Presence Test (SPT) by completing the table below.

For F, J, M or Q Visaholders, please note the following:

- For F, J, or M Student Visaholders: Do NOT count any days during your first 5 years in the United States in which you held an F, J, or M student visa.
- For J or Q Non-Student Visaholders: Do NOT count any days during your first 2 years in the previous 6 years in the United States in which you held a J or Q Non-Student visa.

CALENDAR YEAR	ENTER TOTAL NUMBER OF DAYS PRESENT IN THE UNITED STATES FOR EACH YEAR (A)	RATIO (B)	CALCULATE TOTAL NUMBER OF DAYS TO COUNT FOR EACH YEAR (A X B)
		1	
		1/3	
		1/6	
		TOTAL # OF DAYS	

STEP 2: Please answer the following questions:

- A. Does the TOTAL NUMBER OF DAYS TO COUNT for the current calendar year equal to 31 days or more? YES NO
- B. Does the TOTAL # OF DAYS for all three years equal to 183 days or more? YES NO

STEP 3: Determine your tax status:

- If you marked "YES" to both questions A and B, then you passed the Substantial Presence Test and will be treated as a **RESIDENT ALIEN (RA) FOR TAX PURPOSES** for this calendar year. **Go to and sign Section E below.**
- If you marked "No" to one or both questions, then you did not pass the Substantial Presence Test and will be treated as a **NONRESIDENT ALIEN FOR TAX PURPOSES** for this calendar year. **Go to Section D below.**

Section D. EXEMPTION FROM WITHHOLDING FOR THE NONRESIDENT ALIEN

1. All Payments made to Nonresident Aliens are subject to US federal tax withholding at a statutory rate of 30%.

However, you may claim an exemption from withholding or reduced rate via a US Tax Treaty if you meet the following requirements:

- You must be a resident of a country that has a tax treaty with the US. (Consult IRS Publication 901, US Tax Treaties, at <http://www.irs.gov/pub/irs-pdf/p901.pdf>. The tax treaty must have a treaty article applicable to the type of payment you'll be receiving:
 - *Scholarship or Fellowship Article* for Scholarship, Fellowship, Traineeship, and Stipend Payments.
 - OR**
 - *Independent Personal Services Article* for Fee for Services, Honoraria, and Reportable Travel payments.
- You must meet all requirements regarding residency, time, and dollar limitations described in the tax treaty.
- You must have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) to claim a treaty exemption.

2. Do you want to claim a treaty exemption from US federal tax withholding? (Check one box only.)

- YES I am a resident of a country that has a tax treaty with the US and has an applicable tax treaty article. Therefore, I claim exemption from US tax withholding via a US Tax Treaty with _____, my country of residence. I have attached **one** of the following IRS forms: (Consult IRS website for Forms and Instructions at <http://www.irs.gov/formspubs/index.html>)
- IRS Form 8233 for Fee for Services, Honoraria, and Reportable Travel payments.
 - OR**
 - IRS Form W8-BEN for Scholarship, Fellowship, Traineeship, Stipend, and Royalty payments.
- NO I choose not to claim a treaty exemption from US tax withholding, even though I am a resident of a country that has a tax treaty with the US and an applicable treaty article. I understand taxes will be withheld at 14% (Scholarships, Fellowship, Traineeship, or Stipend) or 30% (All other payments).
- NO I cannot claim a treaty exemption from US tax withholding because I do not meet the requirements stated in Part 1 above. I understand taxes will be withheld at 14% (Scholarships, Fellowship, Traineeship, or Stipend) or 30% (All other payments).

Section E. CERTIFICATION OF INFORMATION PROVIDED ON THIS FORM

Under penalties of perjury, I certify the information entered above is correct; and if a reduced rate of exemption from tax applies, I further certify that I have 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: _____

Disbursing Office Use Only

Tax Status: <input type="checkbox"/> US Citizen	<input type="checkbox"/> Permanent Resident Alien	Vendor Code
<input type="checkbox"/> Resident Alien for Tax Purposes (SPT exp 12/____)	<input type="checkbox"/> Nonresident Alien	
Nonresident Withholding:	Expiration Date	1099/1042 & WH Ind:
<input type="checkbox"/> Statutory Rate of 30%	Form 8233	Initials _____ Date _____
<input type="checkbox"/> Reduced Rate of 14% or ____%	Form W8-BEN	
<input type="checkbox"/> Exempt	Form W-9 _____	

UNIVERSITY OF HAWAII

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

Electronic Funds Transfer Authorization

Select one: New Authorization Change Bank Information Cancel Direct Deposit

Business / Individual Name and Mailing Address (General)

Name _____
DBA _____
(doing business as)
Address _____
City _____
State _____ Zip Code _____ Vendor Number _____
(optional-11 digit number starting w/ V found on Univ of Hawaii check)

Business Contact Information

Contact Name _____ Title _____
Email Address _____
Phone _____ Ext. _____ FAX _____

Tax Identification Information (SSN for Individual's)

Federal ID Name _____ Federal ID Number _____

Financial Institution Information

Financial Institution Name _____
ABA Routing Number _____
(9 digit number, identifies bank's location, name, Federal Reserve district, and area; contact your bank to be sure)
Bank Account Number _____ (must be 4-17 digits)
Bank Account Name _____
Street Address _____
City, State, ZIP code _____
Type of Account: Checking (Attach a voided check) or Savings (Contact institution to confirm)
Note: Deposit Slips are not acceptable

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 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.

Authorized Signature	Printed Name	Business Title	Date

UNIVERSITY OF HAWAII

Disbursing Office – Accounts Payable
1402 Lower Campus Road
Honolulu, HI 96822
Phone (808) 956-7162

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

Business Name: _____

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

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