

SECTION 5 FOREIGN NATIONAL INFORMATION

DO NOT COMPLETE THIS SECTION IF YOU ARE A U.S. CITIZEN OR PERMANENT RESIDENT

Questions regarding this section should be directed to Tax Operations 617-496-5224 or 617-495-7815

Passport and Visa Information

No entry to U.S. (Proceed to "Certification" section below)

13. Visa Type – Select One:

- B-1 WB (Visa Waiver for Business) J-1 Research Scholar H-1B J-1 Student
- B-2 WT (Visa Waiver for Tourism) J-1 Short Term Scholar TN F-1 Student
- Canadian Walk-over (No visa) J-1 Professor O-1 Other, please specify _____

14. Primary Purpose/Activity of Visit - Select one:

- Studying in a degree program Consulting Conducting Research
- Studying in a non-degree program Teaching Acquiring Training
- Lecturing Clinical Activities Temporary Employment
- Other, please specify _____

15. Country Issuing Passport _____ Country of Citizenship _____

16. Passport Number _____ Visa Number _____

Visa Immigration Activity In The Last Six Calendar Years (Substantial Presence Test)

What is the actual date you entered the United States? _____ / _____ / _____
Month Day Year

A copy of your I-20, IAP66 or I-797 MUST be submitted with this form, if applicable.

What is the start date and end date of your primary purpose/activity indicated on your current I-20, IAP66 or I-797?

Start Date: _____ / _____ / _____
Month Day Year

End Date: _____ / _____ / _____
Month Day Year

Visa Immigration History – Enter your visits to the United States for the last 6 calendar years (**B-1/WB or B-2/WT Visa Holders do NOT need to complete this section**). **Note:** F and J students do not need to document short vacations home during semester breaks.

Date of Entry	Date of Exit	Visa Type	Primary Purpose or Activity	Have you ever taken any Treaty Benefits?	
__/__/__	__/__/__	_____	_____	___ Yes	___ No
__/__/__	__/__/__	_____	_____	___ Yes	___ No
__/__/__	__/__/__	_____	_____	___ Yes	___ No
__/__/__	__/__/__	_____	_____	___ Yes	___ No
__/__/__	__/__/__	_____	_____	___ Yes	___ No

Tax Treaty Exemption Information - IRS Forms 8233 and 1001

****You must have a Social Security Number or Individual Taxpayer Identification Number to apply for a tax treaty benefit.****

Payments to non-resident aliens for services performed or benefits received within the U.S. may be subject to a maximum withholding tax rate of 30%. If you are a non-resident alien and feel you may qualify for a tax treaty exemption, additional forms (IRS Form 8233 or IRS Form W-8BEN) must be submitted with this completed "Foreign National Information Form". IRS Forms 8233 and W-8BEN may be downloaded from ABLE or at the IRS website www.irs.gov/prod/forms_pubs/

IRS Form 8233 is used by non-resident aliens to claim exemption from withholding on compensation for Independent Personal Services and some Dependent Personal Services. The exemption must be based on a tax treaty to which the United States is a party. Part I of the form must be filled out completely. Tax Operations will determine if the payee is eligible for the exemption per IRS regulations and University administrative procedures. Tax Operations will complete Part II of the form and apply for the exemption. A new Form 8233 must be submitted for each calendar year with the "Foreign National Information Form" (FNIF) annual update.

IRS Form W-8BEN is used by non-resident aliens to claim exemption from withholding on other types of income (e.g., royalties, grants, scholarships, fellowships). Contact Tax Operations to determine if the Form W-8BEN is appropriate for the income being paid. The exemption must be based on a tax treaty to which the United States is a party. The form must be filled out completely. Tax Operations will determine if the payee is eligible for the exemption per IRS regulations and University administrative procedures.

-----CERTIFICATION-----

I certify that all of the above information is true and correct. I understand that if my "Passport and Visa Information" changes, I must submit a new "Foreign National Information Form" (FNIF) reflecting the changes to: Harvard University, Tax Operations, 1350 Massachusetts Ave., 347 Holyoke Center, Cambridge, MA 02138.

Print Name _____

SSN or ITIN _____

Signature _____

Date _____

SECTION 1 VENDOR INFORMATION

Vendor/Payee Name

Please provide the name of your firm for payment purposes.

Head Office/ Main Office Location

Please provide the address and appropriate information for the Head Office / Main Office Location for your firm.

Purchasing Location

Please provide the address and appropriate information for the Purchasing Location for your firm. This should be the location to which Purchase orders should be sent. If your Purchasing Location address is the same as your Head Office location address, please indicate.

Be advised that all Harvard University purchase orders are subject to certain Terms and Conditions, located on Harvard's Procurement web site: <http://vpf-web.harvard.edu/procurement>, Additional Procurement Information, Attachment A (applies to U.S. government grants and contracts) and Purchase Order Terms and Conditions.

Remit Location(s)

Please provide the address and appropriate information for the remittance location of your firm. Space is available for an additional remittance location (please attach additional pages as necessary).

SECTION 2 PAYMENT TERMS

Purchasing Cards If you accept purchasing cards please check the appropriate box.

ACH Capabilities

If you have ACH (Automated Clearing House) capabilities currently or will in the next 12 months, please check the appropriate box.

SECTION 3 BUSINESS CLASSIFICATION

Please check all classifications that apply.

Small Business is a domestic concern that normally employs, with its affiliates, not more than 500 persons, or as defined by Section 3 of the Small Business Act. A Small Business Concern is one which: a) is independently owned and operated. b) is not dominant in the field of its operation c) qualified under the criteria covering annual receipts set forth in Section 3 of the Small Business Act and d) does not employ more than 500 employees.

Woman Owned Business is a small business concern owned, controlled and operated by women, where: a) at least 51% of the stock of which is owned by one or more women; or in the case of any publicly owned business, at least 51% of the stock of which is owned by one or more women; and b) the management and daily business operations or the business is controlled by one or more women.

Minority Owned Business is a small business in which 51% of the business or stock is owned, and management of daily business operations is controlled by, one or more members of the following groups classified by the government as socially or economically disadvantaged individuals, or any other minority group or individual found to be disadvantaged pursuant to Section 8 (a) of the Small Business Act.

Black Americans,

Hispanic Americans

Native Americans include American Indians, Eskimos, Aleuts and Native Hawaiians.

Asian Pacific Americans include U.S. Citizens whose origins are in Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the U.S. Trust Territory of the Pacific Islands, the Northern Mariana Islands, or the Federated States of Micronesia.

Subcontinent-Asian Americans include U.S. citizens whose origins are in India, Pakistan, Sri Lanka, Bhutan, or Nepal.

SECTION 4 TAX INFORMATION **Substitute W-9**

Federal Tax Identification Number

Please enter your Taxpayer Identification Number (TIN). For individuals or sole proprietors, this is your Social Security Number (SSN). For a foreign individual who is not a U.S. citizen or permanent resident, this is either your Social Security Number (SSN) or your Individual Taxpayer Identification Number (ITIN). For a business, this is your federal (not State) Entity Identification Number (EIN).

Tax Reporting Name or Business Name

Please provide the name as shown on required federal tax documents. If your tax reporting name is the same as your vendor/payee name, please indicate.

If you are an individual, you must generally enter the name shown on your Social Security Card. If you have changed your last name, for instance, due to marriage, without informing the social security administration of the name change, enter your first name, the last name shown on your Social Security Card and your new last name. If the account is in joint names, list first the person or entity whose TIN number you used above.

Sole Proprietors must use their individual name as shown on their Social Security Card. This is especially important if operating your business as with a Business, Trade Name, "Doing Business As (DBA)" name.

Taxpayer Reporting Information Address

Please provide the address where any required tax reporting correspondence should be sent.

Type of Legal Entity

Indicate your type of legal entity. Please note that if you have classified yourself as a "Foreign Individual" and have indicated that you are not a U.S. citizen or permanent resident, you **must** complete **Section 5 "Foreign National Information"** on page three of this form.

Questions?

If you have any questions pertaining to sections 1 through 4 please call the HARVARD UNIVERSITY Vendor Hotline @ (6 17) 495-2000.

SECTION 5 FOREIGN NATIONAL INFORMATION

SPECIAL NOTE FOR VISITORS ON J-VISAS:

Visitors on J visas not sponsored by Harvard University **MUST** obtain written permission from the International Office of the sponsoring institution prior to receiving honoraria or service payments from Harvard.

SPECIAL NOTE FOR VISITORS ON TN, H-1B or O VISAS:

Visitors on TN, H-1B or O visas not sponsored by Harvard University may **NOT** receive honoraria or service payments from Harvard.

If you have indicated in Section 4 that you are a "Foreign Individual" and you are not a U.S. citizen or permanent resident, you must complete this section **and** attach a copy of your I-20 (white immigration form for F-1 students), IAP-6 6 (pink immigration form for J -1 students and non-students) or I-7 97 (immigration document indicating change in status or approval of H-1B status). Questions pertaining to Section 5 should be directed to Tax Operations 496 -5224 or 495-7 8 15.