

Division of Administration and Finance  
 Accounts Payable Department  
 P.O. Box 6808  
 Fullerton, CA 92834-6808

**STATEMENT FOR INDEPENDENT PERSONAL SERVICES PERFORMED FOR CALIFORNIA STATE UNIVERSITY, FULLERTON OUTSIDE THE UNITED STATES**

**FOR CALENDAR YEAR** \_\_\_\_\_  
**(Enter current calendar year)**

Payments that are made by California State University, Fullerton (CSUF) to Non-U.S. resident individuals or business entities for services performed in a country outside of the U.S. are not subject to federal or state income tax withholding. This exclusion applies only for services performed in a foreign country by an individual or business entity who is a Non-U.S. resident. Such services are considered to be "sourced" in a foreign country and are not subject to federal tax withholding.

**SECTION 1**

I certify that I am a citizen of \_\_\_\_\_ and I am not a permanent resident of the United States.  
 (Country)

I am not a U.S. citizen, lawful permanent resident alien, or U.S. corporation/entity for tax purposes. I have been engaged by the California State University, Fullerton \_\_\_\_\_  
 (CSUF Fullerton department/unit)

**SECTION 2**

A) Indicate the service period related to this statement (list dates): From: \_\_\_\_\_ to \_\_\_\_\_

B) Indicate where the services were performed in connection with this payment: (Check one box)

- Outside the United States - 100% of the services were performed outside the U.S.
- Within & outside the U.S. - Services were partially performed both inside and outside the U.S.

C) Have you ever been in the United States of America? Yes  No

D) Will you be in the United States for more than 31 days during current calendar year? Yes  No

• If Yes, state the number of days you will be in the U.S. during current calendar year: \_\_\_\_\_

If you checked **Yes** to either of these questions, please complete Sections 3 and 4 below.

If you checked **No** to both of these questions, please complete only Section 4 below.

**SECTION 3**

Please list any visa immigration activity for prior visits (include any anticipated visit during current calendar year) to the U.S.

Date of Entry	Date of Exit	Visa Immigration	J-1 Subtype (if applicable)	Primary Activity

**SECTION 4**

I hereby certify, under penalty of perjury, that the above statements are true, correct, and complete to the best of my knowledge. I agree to notify the University Tax Compliance Manager immediately if, during the period of time identified above, I travel to the United States for any work-related reason or if the location of my services changes from the country or countries listed above. If I am a non-U.S. business entity, I am authorized to sign this form on the business entity's behalf.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Capacity/Title \_\_\_\_\_

<b>Internal Use Only</b>	Reviewed by: _____
--------------------------	--------------------