

## Non-Employee Information Form

This form is for collection of information and does not cover all documentation that may be required for nayments	PLEASE PROVIDE ALL INFORMATION REQUESTED	ORMATION REQUESTED IMPO	IMPORTANT INFORMATION ON THE SECOND PAG
to all non-employees.			
Last or Family Name Firs	First or Given Name	Middle Initial	Date of Birth
Street Address		Telephone Number	Country of Lenal Residency
16146 Grange Road		(720) 939-4782	United States
City	State or Province	Zip or Postal Code	Country of Mailing Address
Paonia	8	81428	United States
II. RESIDENCY STATUS - For Tax Purposes Only	urposes Only		
1 LAM A UNITED STATES CITIZEN   hereb	y certify that I am a citiz	I hereby certify that I am a citizen of the United States of America	in.
2 IAM A PERMANENT RESIDENT I hereby certify that I have been given privilege, according to U.S. Immigration Laws, of residing permanently in the United States as an immigrant, and that this status has not been revoked, and has not been administratively or judicially determined to have been abandoned. Attach a W-9 Form if receiving income other than expense reimbursement. Do not attach a W-9 Form if only being reimbursed for expenses.	y certify that I have been igrant, and that this stated ed. Attach a W-9 Form imbursed for expense	n given privilege, according to U.S. tus has not been revoked, and ha if receiving income other than ex	<ol> <li>Immigration Laws, of residing s not been administratively or sense reimbursement.</li> </ol>
JAM ARESIDENT FOR TAX PURPOSES   hereby certify that I am a resident of the United States of America, for tax purposes, because I have met the Substantial Presence Test for residency. Attach a copy of your Admission Stamp or I-94 verification. Attach a W-9 form if receiving income other than expense reimbursement. Do not attach a W-9 form if only being reimbursed for expenses.	I hereby certify that I an Test for residency. Atta ense reimbursement. D	n a resident of the United States on a resident of the United States on ach a copy of your Admission Sonot attach a W-9 Form If only	of America, for tax purposes, be- tamp or I-94 verification. Attach a being reimbursed for expenses.
Attach a copy of your Admission Stamp or I-94 verification	SES I DO NOT meet or I-94 verification.	IDO NOT meet the requirements for residency in the United States of America verification.	the United States of America.
III. ADMISSION CLASSIFICATION		Please indicate the classification with which you will enter the United States or with which you are currently in the US.	nter the United States or with
If you checked either box 1 or 2 in the residency section above, do not complete this section	2 in the residency s	section above, do not comp	ete this section.
B-2 or WT (visa waiver Entering the tourist classification) expense reim without an Admiss	J.S. on this admission of bursements to you, unle on Stamp must check this design	Entering the U.S. on this admission class will prohibit Penn State from making any payments or expense reimbursements to you, unless gach requirement in Part IV is satisfied. (Canadan and Mer without an Admission Stamp must check this designation.)	Entering the U.S. on this admission class will prohibit Penn State from making any payments or expense reimbursements to you, unless <u>each</u> requirement in Part IV is satisfied. (Canadan and Mexican residents without an Admission Stamp must check this designation.)
B-1 or WB (visa waiver Entering the L business classification) than the reimb	.S. on this admission of sursement of actual trave	ass will prohibit Penn State from releases, unless each requirer	Entering the U.S. on this admission class will prohibit Penn State from making any payments to you other than the reimbursement of actual travel expenses, unless <u>each</u> requirement in Part IV is satisfied.
F-1 Student	H-1B		
J-1 Exchange Visitor	Other - please specify:		
IV. PAYMENTS TO B-1/WB and B-2/WT ADMISSION CLASSES  Acknowledgement of individuals on a B-1, B-2, WB, WT visa status or those who are exempt from visa requirements Check those that apply:	WT ADMISSIO	${f N}$ ${f CLASSES}$ , who are exempt from visa requir	ements.
The honorarium payment and/or expense reimbursement will relate to an academic activity	mbursement will relate	to an academic activity.	
In the last six months, I have not accepted an honorarium or expense reimbursement from more than four other institutions of higher education and/or research institutions within the United States of America.	n honorarium or expens the United States of Am	e reimbursement from more than terica.	four other institutions of higher
My activity at The Pennsylvania State University or another institution in the United States will be for 9 days or less	sity or another institutio	n in the United States will be for 9	days or less.
<b>Treaty Usage:</b> In order to claim treaty exemption from U.S. Federal Income Tax, you must submit a completed IRS form 8233 (Exemption from Withholding for Compensation of Independent Personal Services of a Non Resident Individual). These forms (8233 and NEI forms) must be completed EACH time you wish to claim exemption, even within the same tax year.	on from U.S. Federal on of Independent F SEACH time you wisl	Income Tax, you must submi versonal Services of a Non F to claim exemption, even with	ta completed IRS form 8233 Resident Individual). These thin the same tax year.
I hereby certify, under penalties of perjury, that all of the above information is true and correct.  Signature  Da	all of the above inforn	nation is true and correct.	06/18/2023

SPECIAL NOTE: A Social Security Number is required only for income payments, but is NOT required for expense reimbursement.

When required for payments, Non-Residents for tax purposes should supply their Social Security Number or Individual Tax Identification Number directly to their host department.

10-2016 Non-Employee Information Form