Honorarium Acceptance



SERVICE. It should not be used for 6 FIRST NAME STREET ADDRESS STATE/PROVINCE ZIP/PC Services Rendered PLEASE DESCRIBE THE SERVICES TO BE DATE OF SERVICE WILL THESE SERVICES BE PROVIDED IN Nationality I am a U.S. citizen or resident alien of the United States: I uncompared to the University, and I have not accepted such from withholding, please complete and submit IR determination of tax treaty exemption status and Treasury Regulations, Section 1.1331-1(e)(4)(vi).	e used when a entities/organi	COUNTRY	SERVICES D LAST NAME		on-employee individual as a gift in recogniti	on of a
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from withholding, please complete and submit IR determination of tax treaty exemption status and Treasury Regulations, Section 1.1331-1(e)(4)(vi).	al academic activity v	which is open to stu	dents or the ge	eneral public free of cha	rge. This activity will not last longer than nine days, is made for	
determination of tax treaty exemption status and Treasury Regulations, Section 1.1331-1(e)(4)(vi).	derstand that the Un	iversity will apply 30	0% withholding	and report the paymen	t as taxable to the IRS on Form 1042-S. To request a tax treat	y exemption
Treasury Regulations, Section 1.1331-1(e)(4)(vi).	_		-		e form. I understand that the 8233 will be submitted to the IRS	
I am the individual that is the beneficial own				m for w-8BEN. (for use	by foreign individuals): This statement is being made in accor-	Jance with
d = 0	ner (or am authorize	d to sign for the indi	ividual that is t	he beneficial owner) of a	all the income to which this form relates or am using this form	to
document myself for chapter 4 purposes, • The person named on line 1 of this form is a	not a U.S. person,					
The income to which this form relates is:			_			
(a) not effectively connected with the condu(b) effectively connected but is not subject to						
(c) the partner's share of a partnership's ef			000, 01			
• The person named on line 1 of this form is a	resident of the trea	ty country listed on	line 9 of the fo	rm (if any) within the me	eaning of the income tax treaty between the United States and	d that
country, and						
Furthermore, I authorize this form to be provided	to any withholding a	gent that has contro	ol, receipt, or c	ustody of the income of	which I am the beneficial owner or any withholding agent that	t can disburse
make payments of the income of which I am the	beneficial owner. I a	gree that I will sul	bmit a new fo	rm within 30 days if a	any certification made on this form becomes incorrect.	
Signature						
I understand the University cannot		nts to third pa	rties I desi	gnate in lieu of p	providing a payment to me.	
NAME (PRINT NAME)	make paymer	DATE			SIGNATURE	
	: make paymer	1			<u> </u>	

Princeton University
Office of Finance & Treasury

701 Carnegie Center Princeton, NJ 08540

Questions? Contact the Financial Service Center at (609) 258-3080, or email finance@princeton.edu.

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