

Independent Contractor's Last Name: _____ First Name: _____

SSN / ITIN: _____

U.S. Address: _____ Foreign Address: _____

City, State, Zip Code: _____ City, State, Zip Code: _____

Description of services: <input type="checkbox"/> Lecture <input type="checkbox"/> Presentation <input type="checkbox"/> Consulting <input type="checkbox"/> Other	
Dates of Services: (not to exceed 9 days): 1. From: ____ / ____ / ____ to: ____ / ____ / ____ 2. From: ____ / ____ / ____ to: ____ / ____ / ____ Date Services Completed: ____ / ____ / ____ Faxed completed Tax Compliance Notification Sheet to Nonresident Alien Tax Specialist on : ____ / ____ / ____. I Certify to the best of my knowledge that the above information is correct and that the services have been performed. Department Name: _____ Phone: _____ Authorized Signature: _____ Date: : ____ / ____ / ____ Print Name: _____ Title: _____	

Payment authorization to be completed by the Business Manager or designee: <input type="checkbox"/> Contractor has completed an Individual record using Glacier Online Tax Compliance System, copy of Tax Summary Report and all applicable tax forms as necessary attached. <input type="checkbox"/> Contractor certifies compliance with 9/5/6 requirements, copy of GLACIER attestation attached. <input type="checkbox"/> Does not constitute an employee/employer relationship. Worker should be paid as NRA Visitor – Honorarium. <input type="checkbox"/> Does constitute an employee/employer relationship. Worker should be paid as an employee.
Gross amount to be paid to Nonresident Alien: _____ \$ <i>Gross = Net Amt / (1 – Ratio) Example: 100 Net at 30%; Gross = 100 / (1-30%)</i>
Authorized Signature: _____ Date: : ____ / ____ / ____
Print Name: _____ Title: _____
College: _____

Payroll:		
Process Date: ____ / ____ / ____	Check date: ____ / ____ / ____	By (initials): _____