

Nonresident Alien Withholding Allowance Certificate

Complete this certificate so your withholding agent or employer can determine the correct amount of income tax to withhold from your compensation.

Part I: Personal Information

First Name and Middle Initial:

Last Name:

U.S. Taxpayer Identification Number (SSN or ITIN):

Permanent Residence Address (street, apt., suite, road, or rural route):

City or Town, State or Province:

ZIP or Postal Code:

Country of Residence (for tax purposes):

Country of Citizenship:

Part II: Tax Treaty Benefits

If you are claiming benefits under an income tax treaty, complete the following:

Country of Tax Treaty:

Tax Treaty Article Number:

Rate of Withholding Claimed (%):

Part III: Withholding Allowance Claim

Refer to the withholding instructions for your specific visa status before completing this section.

Total number of allowances you are claiming:

Additional amount, if any, you want withheld from each payment:

Part IV: Certification

Under penalties of perjury, I declare that I have examined the information on this certificate and to the best of my knowledge and belief it is true, correct, and complete.

Signature (Type Full Name to Sign):

Date (MM-DD-YYYY):