

Payment Instructions for Foreign Visitors and Foreign Vendors

The U.S. tax withholding and reporting rules governing payments to non-U.S. individuals or organizations are different from those governing U.S. citizens and permanent resident aliens. For U.S. tax purposes, non-U.S. citizens are considered to be either resident aliens or nonresident aliens. Nonresident aliens (“NRA”) might include individuals, corporations, partnerships, trusts, estates, governments, or organizations. **In general, nonresident aliens are subject to a 30% withholding tax, unless there is an exception to the withholding rule or a tax treaty applies.**

University Payment Process for Foreign Visitors and Vendors

1. Vendor must complete the University Foreign Vendor/Visitor Information Form and submit the information to:

Comptroller’s Business Office
Campus Box 1200
Normal, IL 61790-1200
FAX (309) 438-8245
E-mail fvinfo@ilstu.edu

2. The Comptroller’s Office will determine the withholding status and collect the appropriate U.S. IRS withholding form (W-8 or other appropriate form).
3. If applicable, at year end the University will send a Form 1042-S to the individual/entity and report the information to the IRS. The Vendor must submit a new Foreign Vendor/Visitor Information Form to the address listed above if any information changes.

If you have questions, please contact the Comptroller’s Business Office by emailing fvinfo@ilstu.edu or by calling 309-438-3106.

What types of payments are subject to nonresident alien withholding?

In general, payments for services are subject to nonresident alien withholding. Taxable payments might include but are not limited to: consulting fees, compensation, speaker fees, living allowances, cash awards, royalties, honoraria. Nonresident alien withholding also applies to payments made to U.S. individuals acting as an agent for a nonresident alien.

Nonresident alien withholding does not apply to:

- Purchase of goods (supplies or other tangible property);
- Reimbursed lodging and travel expenses, per diem or meal reimbursements, incidentals, and other properly documented expenses which are supported by receipts and follow the university’s accountable plan;
- Services performed outside the United States;
- Payments to international companies that have a Federal Employer Identification Number and are domestic entities that are incorporated in the U. S or have filed a W-8ECI with the university and file a U.S. tax return.

If you believe you are not subject to nonresident alien withholding based on one of these exceptions, please contact the Comptroller’s Business Office at fvinfo@ilstu.edu or by calling 309-438-3106.

Tax Treaties

The U.S. maintains tax treaties with over 60 different countries. Certain taxable payments may be exempt from the 30% withholding tax or subject to reduced withholding based on an income tax treaty. The Comptroller's Business Office will review information submitted to determine if you qualify for a treaty based exemption. Additional information regarding tax treaty benefits is available at the [IRS website](#).

IRS Forms

Foreign Visitors or Foreign Vendors expecting payment from the University must submit a US withholding certificate (W-8 series of forms) to the University to receive payment. Most international vendors will be required to submit a W-8BEN Form. However, the appropriate US withholding certificate to be used by the international vendor depends on the type of payment being made and the status of the individual/entity receiving payment. Additional information about these forms and requirements can be found on the IRS website at <http://www.irs.gov/pub/irs-pdf/iw8.pdf>. Vendors should be aware that the W-8BEN form is typically valid for three calendar years from the date it is signed, unless there is a change that would make any of the information on the form incorrect. This would require the Vendor to submit a new Foreign Vendor/Visitor Information form.

Visa Status Restrictions and Prohibitions

An individual's immigration status determines if he or she is allowed to perform services for the University. Below is a list of common visa types and the types of work the individual is eligible to perform at the University. Note, this list is not complete. Each individual's situation must be assessed **before** the services are contracted to confirm the individual is eligible to work for the University.

| Visa Type | Type of Work |
|------------------------------|---|
| B-1/B-2 /Visa Waiver Program | B-1/B-2 visa holders are not work authorized, but are eligible to receive honoraria <i>for services conducted for the benefit of ISU</i> and be reimbursed for travel expenses. This group includes the individuals who enter on the visa waiver program. The individual can only receive honoraria if the work lasts no more than 9 days, and he or she has not accepted honoraria from more than 5 institutions in the past 6 months. Payments for their meals, motel, or transportation are only nontaxable if they have a business purpose for coming to ISU and the visit is not for the individual's benefit. |
| F-1 | A student is authorized to work for the institution that sponsored his or her F-1 status. However, the individuals are limited on the number of hours they can work. An individual that is not sponsored by ISU, may be eligible to work for the University if he or she received an OPT or CPT from the individual's sponsoring institution. |
| H-1B | H-1B visa holders are authorized to work for the sponsoring employer only, but may sometimes be reimbursed for travel expenses. |
| J-1 | The exchange visitor may be a student, scholar, or trainee. The visitor may be authorized to work with the J-1 sponsor's DSO approval. |
| J-2 | Work authorized with an EAD (Employment Authorization Document) card |
| O-1/P-1 | These visa holders are individual(s) of extraordinary ability or talent who are authorized to work for their sponsoring employer or agent. These individuals may or may not be able to perform services. If the individual has a U.S. agent that will process payments made by the University, the University will collect information from both the visa holders and the agent in order to determine tax withholding status. |

UNIVERSITY FOREIGN VENDOR/VISITOR INFORMATION FORM

The information provided will be used in determining tax withholding and reporting. Please answer all applicable questions. If the question does not apply, write in "N/A". Proper completion of this form is required before any payment is made. If the Vendor's status or information changes, please file an updated form.

| PART 1 - FOREIGN VENDOR/VISITOR PERSONAL / ADDRESS INFORMATION | | | | | | | | | | | | | | | | | |
|---|---|---|--|---|-----------------------------------|---|-------------------------------------|--|--|-----------------------------------|--|---|--|------------------------------------|-----------------------------------|---|--|
| INDIVIDUALS: Last Name/Surname: _____ First: _____ Social Security Number (SSN) / Individual Taxpayer Identification Number (ITIN): _____ | COMPANY: Company Name: _____ U.S. FEIN: _____ Legal Status: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> LLC. Please enter LLC Tax Classification (Corporation, S Corporation, Partnership, Sole Proprietor) _____ <input type="checkbox"/> Domestic Entity <input type="checkbox"/> Foreign Entity <u>Domestic Entity – One that was created or organized in the U.S. or under the laws of the U.S. or any of its individual States.</u> <u>Foreign Entity – One that does not fall under the definition of a Domestic Entity.</u> | | | | | | | | | | | | | | | | |
| U.S. LOCAL ADDRESS: Address Line 1: _____ Address Line 2: _____ Address Line 3: _____ City: _____ State: _____ Zip: _____ Email: _____ | FOREIGN ADDRESS: Address Line 1: _____ Address Line 2: _____ Address Line 3: _____ City: _____ Province: _____ Postal Code: _____ _____ Country: _____ Email: _____ | | | | | | | | | | | | | | | | |
| PART 2 - FOREIGN VISITOR IMMIGRATION INFORMATION | | | | | | | | | | | | | | | | | |
| IMMIGRATION INFORMATION: Country of Citizenship: _____ Country That Issued Passport: _____ Passport #: _____ Visa#: _____ Initial Date of entry to the U.S. for this visit. _____ | IMMIGRATION STATUS <input type="checkbox"/> B-1 or B-2 or Visa Waiver Program <input type="checkbox"/> F-1 Student <input type="checkbox"/> F-2 or J2 Spouse or Child of F-1 or J-1 <input type="checkbox"/> H-1 Temporary Employee <input type="checkbox"/> TN or NAFTA <input type="checkbox"/> Other: _____ IF IMMIGRATION STATUS IS J-1, PLEASE CHECK THE SUBTYPE: <input type="checkbox"/> Student <input type="checkbox"/> Short Term Scholar <input type="checkbox"/> Professor <input type="checkbox"/> Other: _____ <input type="checkbox"/> Research Scholar | | | | | | | | | | | | | | | | |
| THE PRIMARY PURPOSE OF THE VISIT. CHECK ONE: | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Studying in a Degree Program</td> <td style="width: 25%;"><input type="checkbox"/> Observing</td> <td style="width: 25%;"><input type="checkbox"/> Demonstrating Special Skills</td> <td style="width: 25%;"><input type="checkbox"/> Business</td> </tr> <tr> <td><input type="checkbox"/> Studying in a Non-Degree Program</td> <td><input type="checkbox"/> Consulting</td> <td><input type="checkbox"/> Clinical Activities</td> <td><input type="checkbox"/> Visitor/Tourist</td> </tr> <tr> <td><input type="checkbox"/> Teaching</td> <td><input type="checkbox"/> Conducting Research</td> <td><input type="checkbox"/> Temporary Employment</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Lecturing</td> <td><input type="checkbox"/> Training</td> <td><input type="checkbox"/> Here with Spouse</td> <td></td> </tr> </table> | | <input type="checkbox"/> Studying in a Degree Program | <input type="checkbox"/> Observing | <input type="checkbox"/> Demonstrating Special Skills | <input type="checkbox"/> Business | <input type="checkbox"/> Studying in a Non-Degree Program | <input type="checkbox"/> Consulting | <input type="checkbox"/> Clinical Activities | <input type="checkbox"/> Visitor/Tourist | <input type="checkbox"/> Teaching | <input type="checkbox"/> Conducting Research | <input type="checkbox"/> Temporary Employment | | <input type="checkbox"/> Lecturing | <input type="checkbox"/> Training | <input type="checkbox"/> Here with Spouse | |
| <input type="checkbox"/> Studying in a Degree Program | <input type="checkbox"/> Observing | <input type="checkbox"/> Demonstrating Special Skills | <input type="checkbox"/> Business | | | | | | | | | | | | | | |
| <input type="checkbox"/> Studying in a Non-Degree Program | <input type="checkbox"/> Consulting | <input type="checkbox"/> Clinical Activities | <input type="checkbox"/> Visitor/Tourist | | | | | | | | | | | | | | |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Conducting Research | <input type="checkbox"/> Temporary Employment | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lecturing | <input type="checkbox"/> Training | <input type="checkbox"/> Here with Spouse | | | | | | | | | | | | | | | |
| The start date of your immigration status for this primary purpose. _____ The projected end date of your immigration status for this primary purpose. _____ | | | | | | | | | | | | | | | | | |

UNIVERSITY FOREIGN VENDOR/VISITOR INFORMATION FORM

PART 3 - FOREIGN VISITOR IMMIGRATION HISTORY

All Foreign Vendors that have B, E, F, H, J, M, O, P, Q, TN, visa status, please list your immigration history for the last five years below. Vendors that participate in the Visa Waiver Program should also provide information below.

| Date of Entry (MM/DD/YY) | Date of Exit (MM/DD/YY) | Visa Immigration Status | J-1 Subtype | Primary Purpose | Have you taken treaty benefits? |
|-----------------------------|----------------------------|----------------------------|-------------|-----------------|--|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you received payments or honorarium for academic activities conducted during the last six months? Yes No
 If yes, have you received more than 5 payments in the last six months? Yes No
 How many days will your be working for Illinois State University? _____

PART 4 - FOREIGN VENDOR/VISITOR TAX RESIDENCE INFORMATION

For Companies, Consultants, Self Employed Individuals:

Do you/will you have an office (fixed base) in the USA?
Yes No

If yes, how many days in this tax year (January – December) did you/will you have an office (fixed base)? _____
 (# of Days)

Country of Tax Residence if different from Foreign address listed on page one
 Address Line 1: _____
 Address Line 2: _____
 Address Line 3: _____
 City: _____
 State: _____ Zip: _____
 Country: _____

Did tax residency end? Yes No
 If yes, when? _____

Under penalties of perjury, I, the undersigned, certify the above information is true and correct. I understand as this information changes, I will promptly update the information by completing a new Foreign Vendor/Visitor Information Form.

Signature: _____ Date: _____

U.S. Telephone Number: _____ Foreign Telephone Number: _____

Submit completed form to the Comptroller's Business Office at:

Comptroller's Business Office
 Campus Box 1200
 Normal, IL 61790-1200
 FAX: 309-438-8245
 Email: fvinfo@ilstu.edu

Please email fvinfo@ilstu.edu if you have any questions concerning this form.