

Campus Box 0580 Normal, IL 61790-0580 Phone: (309) 438-7677 Fax: (309) 438-3357 Payroll.IllinoisState.edu

Statement for Services or Activities Performed Outside the United States

Ι, _	, certify or affirm that:	
		I am not a Citizen or Permanent Resident of the USA, or a Resident Alien for Tax rposes in the USA.
	2. res	My country of residence is and my country of tax sidence is
		All of the services performed, or to be performed, on behalf of Illinois State University, as reed upon under separate contract or other document, will be performed outside of the SA. All services will be conducted in the country of
	4.	Contact Email
	5.	Permanent residence address (street, apt.or suite no., or rural route)
		City or town, state or province, Include postal code where appropriate
	6.	Mailing Address (if different from above)
		City or town, state or province, Include postal code where appropriate
	7.	U.S. taxpayer identification number (SSN or ITIN)
	8.	Foreign Tax Identification Number
	9.	Date of Birth (MM-DD-YYYY)
		are that I have examined the information on this form and to the best of my knowledge and t is true, correct, and complete.
Si	gnat	ure Date