

FOREIGN NATIONAL INFORMATION SHEET - CAL POLY POMONA

All information completed on this form is held in strict confidence. This information is for tax purposes only.

Due to the changing events regarding COVID-19 pandemic, please read the new submitting instructions on page 5.

Name and Address						
Legal Name: DBA (doing business as): Email Address:						
United States Ad	United States Address:					
Permanent Fore	ign Address:					
Phone Number:	Home Work	Cell				
Payee Type:						
Individuals, Singl (complete pages	e Member LLCs* 2, 3, and 5)					
Individuals - Undocumented (complete pages 3 (Your Time in the US) and 5)						
Trust, Single Mei	tnership, Exempt Entity, mber LLCs elected to be taxed as a nplete pages 4 and 5)					
the United State	ot, are all services performed outside of the control of the contr	of	YES	NO		

Individuals, Sole Proprietorship If you are a student of Cal Poly list your Bronco ID:		•	ted to be tax	ed as a corporatio	n)
Citizenship and Status					
Country of Citizenship:					
Tax Residency (if different): Passport Number:					
Passport Expiration Date:					
Check your current Visa or Immi	gration :	Status:			
F-1 Student	J-1 Student		J-1 Short Term Scholar		
B-1 Business/Visa Waiver	Vaiver J-1 Research Scholar		LPR Status Adjustment		
B-2 Visitor /Visa Waiver	J-1 Professor		DACA Student		
Other	Please	list:			
Current Status Expiration Date	:		SEVIS ID:		
If your status expires this cale	ndar yea	r, do you plan to renew?	YES	NO	
Note: If your current immigratio documents below. If not receive		· •	•	opy of your immigr	ation
F-1 Student	, [,	I-20, I-94			
J-1					
B-1, B-2		I-94			
Social Security Numbers					
Do you have a social security number?			YES	NO	
If yes, please state it:					
Do you have an individual taxpayer identification number?			YES	NO	
If yes, please state it:	above, hav	 re you applied for either the S	SN YES	NO	
Primary Purpose for Entering tl	ne Unite	d States:			

Self-Employed Individuals:

Do you have a permanent office in the United States? YES NO
Do you have a permanent office in the State of California? YES NO

Honoraria:

Are you receiving an honorarium?	YES	NO
Is the honorarium for an academic activity?	YES	NO
Does the activity last more than 9 days?	YES	NO

Did you receive honoraria in more than 5 organizations in the past 6 months? YES NO

Your Time in the United States

Please list all the times you have visited the United States, along with the visa (immigration status) you came with.

Example 1: A student arrives in the U.S. with an F-1 Visa from March 10, 2013.

Immigration Status (Visa)	Dates
F-1	2013-03-10 - present

Example 2: A business visitor arrives in the U.S. in 2013, 2017, and 2018. Dates are listed below.

Immigration Status (Visa)	Dates
B-1	2013-06-10 - 2013-07-01
B-1	2017-01-08 - 2017-01-12; 2017-02-24 - 2017-03-01
B-1	2018-03-20 - present

Please complete the table below.

Immigration Status (Visa)	Dates

Please proceed to Page 5.

C Corporation **S** Corporation Partnership Nonprofit Other Please List: Do you have a permanent office in the United States? YES NO Do you have a permanent office in the State of California? YES NO **Project Description** Please briefly describe the business transactions regarding this business transaction. Project Start Date: Project End Date: Performance of Services: Are all services performed outside of the United States? NO YES Are all services performed outside of California? YES NO **Effectively Connected Income** If all of the following applies:

* You are not a U.S. person.

Corporations, Partnerships, Exempt Entities, Trusts

- * You are the beneficial owner of the income or an entity engaged in U.S. trade or business.
- * Claim that the income is effectively connected with the conduct of a trade or business in the United States.

Then please provide a completed IRS W-8ECI with this form. You can download this form at www.irs.gov.

YOU MUST INCLUDE A COMPLETED VENDOR DATA RECORD (STD-204) with this form.

Please proceed to Page 5.

SIGNATURE REQUIRED

I declare that the information provided on this form is true and correct to the best of my knowledge. If any information changes, I will notify Cal Poly Pomona as soon as possible.

Signature (TYPE if you are completing this form online)

Date

We cannot process payment without this signature page.

Submitting Instructions:

Due to security purposes we can not accept forms by email. Please use our secure upload form by clicking here:

https://www.cpp.edu/fas/university-accounting-services/gaap-tax/nrat.shtml

and scrolling to the Secure File Upload link.

Due to the rapidly changing events related to COVID-19, we are striving to limit appointments at this time.

Edward Shore, Tax Specialist Cal Poly Pomona

University Accounting Services

Questions? Email: ewshore@cpp.edu

Fax: 909-869-4223

Thank you for your time and cooperation!

Rev 5/24/2021