(REV 120122 ADA)

UNIVERSITY OF HAWAII STATEMENT OF CITIZENSHIP AND FEDERAL TAX STATUS



Anticipated Departure Date

PURPOSE:

This form is for individuals. To comply with applicable tax provisions of the Internal Revenue Service(IRS) regulations, the information requested on this form is <u>required</u> to determine the appropriate federal tax withholding and is required for each calendar year. (Business entities should use IRS Form W-9)

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UNITED STAT	ES (US) CITIZENS:	1. Complete Sections A	and E only.
PERMANENT	RESIDENT ALIENS:	Complete Sections A Attach a photocopy (f	and Eonly. ront and back) of your Alien Registration Card.
ALL OTHERS:	Complete Sections 2 Complete Section D Submit copy of your Passport ID Page at Submit IRS Form W	if applicable.	 For J-1 visaholders, submit copy of DS-2019. For B visaholders, submit DISB-45. For F-1 visaholders, submit copy of I-20. Submit IRS Form 8233 if performing services as independent contractor (Treaty only).

Section A. PERSONAL INFORMATION

1. General Information				
Last Name	First	Middle	US Social Security Number	er or ITIN Number
Country of Citizenship		Country of Residence for Tax Purpose	E-Mail Address	
[FOR NON-UH PERSONNEL]				
]YES []NO			
Are you employed anywhere? []YES []NO If	you answered "YES", please provide your employer'	s information:	
Employer's Name	Number	r & Street City / Province	e State	Postal Code
2. US Mailing Address				
Number and Street		City	State	Zip Code
3. Foreign Mailing Address				
Number and Street		City/Province	Country	Postal Code

Intended Length of Stay (Days)

Section B. US IMMIGRATION ACTIVITY

Expiration Date of Current Visa

1. Current Visa Status
Date of US Entry

Current Visa Type (check appropriate box):			What is the primary purpose of the visit? (check appropriate box)			
[]F-1 Student []J-1 Student []J-1 Visitor (Non-Student) []B-1/WB Visitor for Business []B-2/WT Visitor for Pleasure (Tourist) []Other INS Classification (list status): 2. Is this the first time you have entered the United States? 3. Past Visa History			[] Studying/Training/Research in a Degree Program [] Studying/Training/Research in a Non-Degree Program [] Training/Research as a Post-Doctoral Fellow [] Providing Service as an Independent Contractor			
T TOVIGO UT			-		y i Boomboi oi.	
Calendar Year	Enter Visa Type/INS classification held while present in the US during the listed calendar year	Enter period(s) when present in the US du (list dates as mm/dd	Number of days present in the United States	Are you leaving the US this year?		
					[]YES []NO	

	Calendar Year	Enter Visa Type/INS classification held while present in the US during the listed calender year	,	u were physically present (list dates as mm/dd/yy, e.g.,	t in the US during the listed calendar year. 01/01/12 – 12/31/12	Number of day present in the United States
TEP 1: Complete the Substantial Presence Test (SPT) by completing the table below. For F, J, M or Q Visa holders, please note the following. For F, J, or M Student Visa holders: For J or Q Non-Student Visa holders: Do NOT count any days during your first 5 calendar years in the United States in which you hand. The student visa holders: Do NOT count any days during your first 2 calendar years in the United States in which you had a J or Q Non-Student visa. Do NOT count any days during your first 2 calendar years in the current and previous 6 caler years in the United States in which you had a J or Q Non-Student visa. Do NOT count any days during your first 2 calendar years in the Current and previous 6 caler years in the United States in which you had a J or Q Non-Student visa. CALCULATE TOTAL NUMBER OF DAYS TO COUNT for count any days during your first 2 calendar years in the Current Calendar years in which you had a J or Q Non-Student visa. TOTAL # OF DAYS TOTAL # OF DAYS TO COUNT for the current calendar year equal to 31 days or more? [] YES [] NC TOTAL # OF DAYS for all three years equal to 183 days or more? [] YES [] NC TOTAL # OF DAYS TO COUNT for the current calendar year equal to 31 days or more? [] YES [] NC TOTAL # OF DAYS TO COUNT for the current calendar year equal to 31 days or more? [] YES [] NC TOTAL # OF DAYS TO COUNT for the current calendar year equal to 31 days or more? [] YES [] NC TOTAL # OF DAYS TOTAL # OF DAYS TO COUNT for the current calendar year equal to 31 days or more? [] YES [] NC TOTAL # OF DAYS TOTAL # OF DAYS TOTAL # OF DAYS TOTAL # OF DAYS [] YES [] NC TOTAL # OF DAYS						
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	ection E	CERTIFICATION OF INF	ORMATION PROVID	ED ON THIS FORM	Λ	

Date:

Signature:



University of Hawaii - Disbursing Office 1402 Lower Campus Rd, Bldg H., RM 34 Honolulu, Hawaii 96822 Phone (808) 956-7126

Electronic Funds Transfer Authorization

Select one:	New Authori	zation Change	Bank Inforr	mation*	Cancel Dir	ect Deposit
Business / Individua	al Name and Mailing	Address (General)				
Name						
DBA						
Address		(doing	business as)			
City						
State	Zip Code					
Contact Information	1					
Contact Name			Title	e		
Email Address						
Phone		Ext	FAX	<		
Tax Identification In	formation					
Federal ID Name	-		Federal ID	Number		
Financial Institution	Information					
Financial Instituti	on Name					
ABA Routing		es bank's location, name, Fed	oral Dagania di	atriat and areas as	entaat vaur hank ta	he cure)
Bank Accoun	6 N.L				must be 4-17)	•
Account Hold					•	9,
Street	Address					
City, State,						
Type of	Account:	Checking (Attach a voided o	heck) or	Saving	JS (Contact Institut	tion to confirm)
Financial Institution	Information EFT Ver	ification (*REQUIRED S	ECTION IF	CHANGING B	ANK INFORM	ATION)
If this request is to ch OLD Financial Ins	•	rmation, for security purpos	es, please fill	out this section	to verify the requ	uested change.
OLD ABA Rou						
(9 digit number, identifies bank's location, name, Federal Reserve district, and area; contact your bank to be sure)						
OLD Bank Account Number (must be 4-17 digits)						
Authorization to Make Electronic Fund Payments						
I authorize the University of Hawaii to direct deposit payments, by electronic fund transfer, to my checking or savings and if necessary, debit entries and adjustments for any amounts deposited electronically in error. The payments shall be deposited in the financial institution designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.						
This Authorization will remain in effect until I submit written notification of its cancellation in such time and such manner, as to afford the University of Hawaii and my financial institution named above a reasonable opportunity to act on it.						
I consent to and agree with the National Automated Clearing House Association (NACHA) Rules and Regulations about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed. ACH/EFT is not available to foreign companies due to NACHA regulations for monetary transfer to foreign banking institutions.						
Authorized Signature		Printed Name		Title		Date

UNIVERSITY OF HAWAII

UH Disbursing Office 1402 Lower Campus Rd., Bldg H, Rm 34 Honolulu, HI 96822 Phone (808) 956-7126

International Electronic Funds Transfer Certification

Effective September 18, 2009, the National Automated Clearing House Association (NACHA) changed the requirements for receiving electronic payments. As of that date, all electronic payments to banks in another country have to be coded as an international payment.

Although the University of Hawaii only allows electronic payments to U.S. banks, a vendor could instruct their U.S. bank to forward their payment to a bank in another country. In this scenario, the vendor's electronic payment to their U.S. bank must be coded as an international payment. Please see below for a sample scenario:

Sample Scenario

Company XYZ has their payment for services direct deposited into their U.S. bank account and then 100% of those funds are moved by their U.S. bank to a bank in Mexico. Effective September 18, 2009, this transaction must be coded as an international payment.

In order to comply with this requirement, please indicate in the check boxes below of the final destination of your electronic payments.

The final destination of my electronic payment is a U.S. bank
Electronic payments to my U.S. bank will be forwarded to a bank in another country

Routing of funds outside the U.S. is considered high risk by Bank of Hawaii, our financial institution, and are not currenly supported.

Business Name:

Authorized Signature:

Date:

Title:

Mail form to: UH Disbursing Office, 1402 Lower Campus Rd, Bldg H, Rm 34, Honolulu, HI 96822