Answer all applicable questions. Attach to this form a copy of both sides of your I-94 Form, “Arrival and Departure Record” (white or green card inside your passport), copy of U.S. visa stamp, ID page from passport and form I-20, form DS-2019 or applicable visa document. This form must be returned before the University can issue any checks.

SECTION 1

Last (Family) Name: ___________________________ First: ___________________________ Middle: ___________________________

Social Security # or ITIN: ___________________________ FOREIGN RESIDENCE ADDRESS: ___________________________

(This field generally cannot be left blank. Please see instructions for exception to this requirement.)

U.S. LOCAL STREET ADDRESS: ___________________________

City: ___________________________

Postal Code: ___________________________ Province/Region: ___________________________

City: ___________________________

State: ______ Zip: ___________________________

Foreign Country: ___________________________

Type of Beneficial Owner: □ Individual □ Corporation □ Disregarded entity □ Partnership □ Simple trust □ Grantor trust □ Complex trust □ Estate □ Government □ International organization □ Central bank of issue □ Tax-exempt organization

Country of Citizenship: ___________________________ Country Issuing Passport: ___________________________

Passport #: ___________________________ Visa #: __________ (number printed in red)

Have you ever been in the United States prior to this visit? □ Yes □ No If yes, see page 2, Section 5.

CURRENT IMMIGRATION STATUS:

□ U.S. Immigrant/Permanent Resident □ B-1 Visitor for Business □ WB Visitor for Business (visa waiver) □ F-1 Student □ H-1B Temporary Employee □ B-2 Visitor for Pleasure □ WT Visitor for Pleasure (visa waiver) □ J-1 Exchange visitor □ J-2 Spouse or Child of Exchange Visitor □ O-1 Exceptional Ability □ Other ___________________________

IF CURRENT IMMIGRATION STATUS IS B-1, B-2, WB OR WT:
The number of days that academic activities will be performed at Yale University during this visit: ___________________________

Have you accepted honoraria and/or reimbursement for expenses, from more than 5 U.S. institutions or organizations in the last 6 months? □ Yes □ No

If you are receiving substantiated expense reimbursement, ONLY, sign and date here, you do not need to complete the rest of this form. If you are receiving additional payments (e.g., honorarium, consulting fees, etc) continue to Section 3.

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

SECTION 2: Complete if immigration status is not B-1, B-2, WB or WT " = non-Yale sponsorship

WHAT IS THE PRIMARY ACTIVITY OF THE VISIT? CHECK ONE:

□ Studying in a Degree Program □ Observing □ Demonstrating Special Skills □ Performing as an Athlete *
□ Studying in a Non-Degree Program □ Consulting □ Clinical Activities □ Performing as an Artist
□ Teaching □ Conducting Research □ Temporary Employment * □ Supporting an Athlete/Artist
□ Lecturing □ Acquiring Training * □ Practical Training □ Here with Spouse

IF CURRENT IMMIGRATION STATUS IS J-1, WHAT IS THE J-1 CATEGORY? CHECK ONE:

□ Student □ Professor □ Trainee * □ Research Scholar □ Alien Physician □ Short Term Scholar □ Other ___________________________

11/17/2009 Questions? Contact University Tax Office (203) 432-5597 or daysi.cardona@yale.edu Page 1 of 3
SECTION 3: Answer all applicable questions

What is the actual date you entered the U.S. in this status? (month/day/year) ___/___/_____

Start date of your non-immigrant status for this primary activity: ___/___/_____. End date of your non-immigrant status for this primary activity: ___/___/_____.

What is your income-providing activity (e.g. professor, guest lecturer, student)?

What is your source of funding? ☐ U.S. ☐ Foreign

Do you have a spouse in the U.S.? ☐ Yes ☐ No If you have dependents in the U.S., how many?

If you are a student, what type? ☐ Undergraduate ☐ Masters ☐ Doctoral ☐ Other:

Name of sponsoring institution (as listed on immigration document):

Do you have Employment Authorization Document (EAD)? ☐ Yes ☐ No

Consultants/Self-Employed Individuals only: Do you/will you have an office (fixed base) in the U.S.? ☐ Yes ☐ No

If yes, how many days in this tax year did you/will you have an office (fixed base)?

How many days in this tax year will you be present in the U.S.? _________

Country of tax residence if different from foreign residence address:

Did tax residency end? ☐ Yes ☐ No If yes, when? ___/___/_____.

SECTION 4: Complete only if claiming tax treaty benefits for non-service payments. Must enter valid SSN or ITIN in Section 1

I certify that: (check all that apply)

A. ☐ The beneficial owner is a resident of _________ within the meaning of the income tax treaty between the U.S. and that country.

B. ☐ If required, the U.S. taxpayer identification number is stated in Section 1 above.

C. ☐ The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, $500,000.

Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article _____ of the treaty identified on line A above to claim a _____% rate of withholding on (specify type of income): _________________.

Explain the reasons the beneficial owner meets the terms of the treaty article: _________________.

SECTION 5: List any visa immigration activity for prior visits to the U.S. (attach additional sheets if needed)

<table>
<thead>
<tr>
<th>Date of Entry</th>
<th>Date of Exit</th>
<th>Visa Status</th>
<th>J-1 Category</th>
<th>Primary Activity</th>
<th>Have You Taken Any Treaty Benefits?</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong>/</strong></em>/______</td>
<td><em><strong>/</strong></em>/______</td>
<td>____________</td>
<td>_______________</td>
<td>__________________</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td><em><strong>/</strong></em>/______</td>
<td><em><strong>/</strong></em>/______</td>
<td>____________</td>
<td>_______________</td>
<td>__________________</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td><em><strong>/</strong></em>/______</td>
<td><em><strong>/</strong></em>/______</td>
<td>____________</td>
<td>_______________</td>
<td>__________________</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td><em><strong>/</strong></em>/______</td>
<td><em><strong>/</strong></em>/______</td>
<td>____________</td>
<td>_______________</td>
<td>__________________</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
</tbody>
</table>

SECTION 6

PART A: RESIDENT ALIEN/NONRESIDENT ALIEN DETERMINATION

☐ I am a STUDENT on an F-1 or a J-1 visa AND I have been in the U.S. as a student for a total of five or fewer calendar years.

☐ I am a PROFESSOR or RESEARCH SCHOLAR on a J-1 visa AND I have been in the U.S. as a Professor or Research Scholar for a total of two or fewer of the past six calendar years.

• If you marked either box, you are a NONRESIDENT ALIEN for tax purposes. Skip Part B and proceed to Part C.

• If you did not mark either box above, complete Part B, and then complete Part C.
PART B: SUBSTANTIAL PRESENCE TEST

The Substantial Presence Test involves a calculation of the number of days that you have been physically present in the U.S.

For purposes of this calculation, DO NOT include in your calculation any days that you are or were present in the U.S. as:

- A Student, or dependent of a Student, on an F or J category visa (during the first five calendar years that you are/were present in the U.S.)
- A Professor or Research Scholar or dependent of a Professor or Research Scholar on a J category visa (during the first two calendar years of the past six calendar years that you are/were present in the U.S.)

Example: If you arrived in the U.S. for the first time on August 15, 2004 as a J-1 research scholar and you have been in the U.S. since that date, do not include in your calculation the days that you are or were present in the U.S. for the first two calendar years (2004 and 2005). For this example, you would begin to count the number of days present in the U.S. from January 1, 2006 until the present.

Example: If you arrived in the U.S. for the first time on August 22, 2001, as an F-1 student and you have been in the U.S. since that date, do not include in your calculation the days that you are or were present in the U.S. for the first five calendar years (2001, 2002, 2003, 2004 and 2005). For this example, you would begin to count the number of days present in the U.S. form January 1, 2006, until the present.

Note: If you have no days in a calendar year to include in your calculations, enter a “0” (zero) on the line for “Number of Days in U.S.”

<table>
<thead>
<tr>
<th>YEAR</th>
<th>NUMBER OF DAYS IN U.S.</th>
<th>CALCULATION FOR SUBSTANTIAL PRESENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Preceding Year</td>
<td></td>
<td>x 1</td>
</tr>
<tr>
<td>2nd Preceding Year</td>
<td></td>
<td>x 1/3</td>
</tr>
</tbody>
</table>

TOTAL:

As of the date you completed this form:

- if the total is less than 183 you are a NONRESIDENT ALIEN for tax purposes.
- if the total is equal to or greater than 183 you are a RESIDENT ALIEN for tax purposes.

PART C. SUMMARY OF RESIDENCY STATUS FOR U.S. TAX PURPOSES:

☐ I certify that I am a lawful PERMANENT RESIDENT or IMMIGRANT ALIEN.
☐ I certify that I am a RESIDENT ALIEN for tax purposes.
☐ I certify that I am a NONRESIDENT ALIEN for tax purposes; I am the beneficial owner of all of the income to which this form relates; this income is not effectively connected with the conduct of a trade or business in the U.S.; and I am not a former citizen or long-term resident of the United States subject to section 877 (relating to certain acts of repatriation) or, if I am subject to Section 877, I am nevertheless entitled to treaty benefits with respect to amounts received. Failure to complete any required additional forms will result in the automatic withholding of tax at the maximum rates.

I declare under penalties of perjury that the information provided above is true, correct and complete. If I receive an extension of my visa status or if my visa/immigration status changes, I will notify the University Tax Office immediately.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to establish your status as a foreign person, and, if applicable, obtain a reduced rate of withholding.

Signature: ____________________ Phone Number (optional): ____________________ Date: ____________________

FOR TAX DEPARTMENT USE ONLY:

<table>
<thead>
<tr>
<th>Residency Status</th>
<th>Residency Status Change Date</th>
<th>Tax Rate</th>
<th>Tax Treaty Expiration Date</th>
<th>Dollar Limit</th>
<th>FICA Expiration Date</th>
<th>Approval/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>School/Fellow:</td>
<td>Salary/Wages:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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