

Indiana University Tax Cover Sheet International Visitor

Please submit to Poplars 509 or with your DV cover sheet.

For questions, please contact FMS Customer Service 812-855-0375, taxpayer@indiana.edu

Instructions on page 2 for filling in this form. All appropriate fields must be filled for processing.

To be completed by Visitor:

1. Visitor Printed Name (Last, First)

2. What is your purpose with IU? (Check all that apply)

- Artist/Public Performer
 Collaborator* (with whom: Bruce Kitchens, Rodrigo Perez)
 Presenter/Speaker/Lecturer
 Other:

*An individual will serve in an advisory or consulting capacity with an IU professor/doctor ("collaboration between equals") type of arrangement

2a. Were your services performed within the US? Yes No Not applicable

2b. Who primarily benefits by your activity? IU Someone other than IU

3. Activity Name Collab@2012 MWDS Kitchens&Perez

4. Dates you were a part of the Activity: 10/26/2012-10/28/2012
MM/DD/YYYY through MM/DD/YYYY

5. Will you *definitely* be in the U.S. for 2 or more months *this year*? Yes No

6. Were you in the U.S. for 4 or more months *last year*? Yes No

7. Passport Country used to enter U.S.

7a. Is this also your country of tax residence? If NO, please indicate your country of tax residence:

8. I-94 Departure Card Status (provide copy)

- | | |
|---|---|
| <input type="checkbox"/> B-1/WB | <input type="checkbox"/> F-1/J-1 student |
| <input type="checkbox"/> B-2/WT | <input type="checkbox"/> J-1 professor/research scholar |
| <input type="checkbox"/> Canada (provide copy of stamp in passport) | <input type="checkbox"/> O-1/P-1 |
| <input type="checkbox"/> ESTA (provide copy of stamp in passport) | <input type="checkbox"/> Other: |

9. Date Range as shown on I-94 departure card

MM/DD/YYYY through MM/DD/YYYY

10. F, J, O, or P immigration status have a sponsoring institution. Please name the institution.

11. Visitor's Signature

Date

To be completed by Department:

12. If the payment is subject to tax withholding, will the department pay the taxes (gross up) for the payee? If left blank, answer defaults to NO. Yes No

13. Dept. Contact Marilyn Baker

14. Dept. Mathematical Sciences

15. Phone 317-274-6917

16. Email mbaker@math.iupui.edu

17. FIS DV #

OR EPIC PO Doc ID#

18. Documents included with this cover sheet:

- | | |
|---|--|
| <input type="checkbox"/> W-8BEN (required for vendor set-up) | <input type="checkbox"/> copy of I-20 (F status) |
| <input type="checkbox"/> Copy of I-94 card (required) | <input type="checkbox"/> copy of DS-2019 (J status) |
| <input type="checkbox"/> International Tax Questionnaire (for tax treaty) | <input type="checkbox"/> copy of I-797 (O, P status) |
| <input type="checkbox"/> Applied for ITIN at FMS Tax on (date) | |