

Duke University Certificate of Foreign Status

Name of payee	U.S taxpayer identification number
Permanent address (See specific instructions) (Include apt. or suite no.)	
City, province or state, postal code and country	
Current mailing address, if different from permanent address (Include apt. or suite no. or P.O. box if mail is not delivered to street address)	
City, town or post office, state and ZIP code (If foreign address, enter city, province or state, postal code and country)	

**Duke University Guidelines for Completing Certificate of Foreign Status Form
Required for Payments of Independent Personal Services**

Please type or print clearly.

- Name of Payee – State your full name
- U.S. Taxpayer Identification Number – Write your United States Social Security number or Individual Taxpayer Identification number. **This number is required by IRS regulations under authority of law.**
- Permanent Address – Provide you permanent *foreign* address.
- Current Mailing Address – Provide your U.S. or current mailing address, if different from your permanent address.
- Signature and Date – Sign and date the form

Required Additional Information (Do not fill out this section if your status is, or any combination of, B1, WB, B2, WT)

- Current Visa Type: _____
- Date of Arrival in the United States: _____
- Country of Tax Residence for the Year Prior to Entering the U.S: _____
- Visa History: During the past six years have you been in the United States on any visa or visa waiver? If so, list all such visits below, including visits as a tourist. Attach an additional page if needed.

Visa Type	Visa Sub-Type (Practical training, student, etc.)	Entry Date	Departure Date	* Number of days in the US	Did you claim a tax treaty?	Primary Purpose (Teaching, research, study, etc.)

* Number of calendar days in the United States including days of arrival and departure.

By signing this form I hereby certify that the above information is correct to the best of my knowledge.

Signature of Recipient: _____

Date: _____