

Date: _____

To: San Francisco State University
1600 Holloway Avenue
San Francisco, CA 94132

I am requesting payment for services I performed for the _____ (campus department) at San Francisco State University on _____ (date) as a _____ (e.g. Guest Speaker, Lecturer or Consultant) in the amount of \$_____. In addition:

1. I do not wish to complete the necessary forms to determine if I qualify for a tax exemption or a reduced income tax.
2. I understand that San Francisco State University must withhold the mandatory Federal tax-withholding rate of 30% and State tax-withholding rate of 7% from the amount I am to receive above.
3. I understand that it is my responsibility to file a US Federal and State (California) tax return.
4. I understand that I must apply for a Social Security Number or an Individual Taxpayer Identification Number prior to filing a US tax return.

I hereby certify that I understand the statements above

Signature of Nonresident Alien Payee: _____

Print Name: _____ Date: _____
