

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: _____)

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

4. Dates you were a part of the Activity:

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)

B-1/WB

B-2/WT

Canada (provide copy of stamp in passport)

ESTA (provide copy of stamp in passport)

F-1/J-1 student

J-1 professor/research scholar

O-1/P-1

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

14. Dept.

15. Phone

16. Email

17. FIS DV #

OR EPIC PO Doc ID#

18. Documents included with this cover sheet:

W-8BEN (required for vendor set-up)

copy of I-20 (F status)

Copy of I-94 card (required)

copy of DS-2019 (J status)

International Tax Questionnaire (for tax treaty)

copy of I-797 (O, P status)

Applied for ITIN at FMS Tax on (date)

Instructions for the Indiana University Tax Cover Sheet International Visitor and Department:

To be completed by the visitor

Line 1.	List the visitor's last name and first name
Line 2.	Check or list the visitor's purpose at IU.
Line 2a.	Indicate whether the visitor performed his services within the US or not.
Line 2b.	Indicate whether IU or someone other than IU <i>primarily</i> benefits from the visitor's purpose here.
Line 3.	List the IU activity the visitor will participate in.
Line 4.	List the dates the visitor will participate in the activity including weekend stays.
Line 5.	Indicate if the visitor will knowingly be present in the US for 2 or more months this year.
Line 6.	Indicate if the visitor was in the US for 4 or more months last year.
Line 7.	List the country that issued the passport used to enter the U.S.
Line 7a.	Indicate if this is where you also currently pay taxes outside of your visit to the U.S. If not, list your country where you pay taxes/consider your tax residence.
Line 8.	List your status as indicated on I-94 Departure Card. Canadians may/may not get an I-94 Departure Card depending on purpose of travel to US. If you used your Canadian passport and did not receive an I-94 Departure Card, please provide a copy of the stamp for your current visit in your passport as support. This applies only to Canadian passport holders. Due to a new process, international visitors may travel to the US on an ESTA Waiver. If you used an ESTA waiver and did not receive an I-94, please provide a copy of the stamp for your current visit in your passport as support. This applies only to ESTA waiver travelers.
Line 9.	List the date range as shown on the I-94 Departure Card. The date range is not the length of your stay for the IU activity. The dates will be stamped/written in on the I-94 card, itself. For Canadians or ESTA waiver travelers, this would come from the stamp on the passport.
Line 10.	List the sponsoring institution if you are visiting on an F, J, O, or P status.
Line 11.	Print off Tax Cover Sheet International Visitor and sign and date.

After completing form:

You can either directly print out the form or do a SAVE AS to save your document as your own PDF.

Give this form to department administrator either as a PDF document as an email attachment or printed out.

To be completed by the Department

Line 12.	If left blank, the default answer is No. Will the dept. increase the gross amount so that, after taxes, the vendor receives the agreed upon amount? FMS Tax will honor this request only when both criteria listed are fulfilled: a. The income is subject to taxation. b. The visitor is not able to reduce the tax rate by claiming a tax treaty benefit.
Line 13.	List the department contact name.
Line 14.	List the department name.
Line 15.	List the department contact phone number.
Line 16.	List the department contact email address.
Line 17.	List DV or EPIC PO reference number.
Line 18.	Indicate which forms that will accompany this Tax Cover Sheet. The W-8Ben is required. However, if you have already submitted it to Accounts Payable/Purchasing for vendor set-up, you do not need to send us another copy. Except in the situation where the visitor arrived on a Canadian passport (see line 8 instructions), the copy of the I-94 card is required.

After completing form:

- FIS Payments:** Department administrator collects the various documents and sends them with the DV Cover Sheet to Accounts Payable.
- EPIC Payments:** Department administrator sends the W-8Ben to Purchasing for vendor approval. Department administrator collects the various documents and sends them to FMS Tax at Poplars 509, BL Campus.