

Office of Human Resources Management University Shared Services Payroll Systems, Operations and Solutions 395 Hudson Street 5th floor New York, NY 10014

AFFIDAVIT FOR NONRESIDENT ALIEN HONORARIA PAYMENT 9/5/6 ATTESTATION and TAXATION AGREEMENT

| Independent Contractor Information: | |
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| Last Name: | First Name: |
| SSN or Tax Payer Identification Number (ITIN): | |
| College: Pi | ogram Name/Dept.: |
| Brief Description of Activity: | |
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| | on from The City University of New York, which will provide an expenses. The payment or incidental expenses will be for usual |
| I certify that I have not received honoraria payments and/or associated expenses from more than five institutions in the previous six-month period. I further certify that the honoraria payment and/or associated expenses I will receive from The City University of New York are for usual academic activities and that those activities will not last for more than nine days. | |
| For payment processing purposes, I am attachin Copy of my passport Copy of Visa Sticker / Stamp in passport Copy of I-94 / I-94W Card Copy of Social Security Card or Evidence | |
| I acknowledge that The City University of New York will apply the default tax withholdings for this honoraria/expense payment. I declare that I am aware that this payment will be subject to 30% federal tax withholdings, as well as, local tax withholdings, as applicable. | |
| Signature of NRA Independent Contractor | /// |
| been engaged in the described activities for the | t Manager: As sponsor, I attest that the above individual has ne benefit of The City University of New York for any portion of the individual will be paid or reimbursed, are limited to usual |
| Authorized Signature | / Date:// |
| Print Name | Title |