

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

NONRESIDENT ALIEN AFFIDAVIT OF COMPLIANCE

To be completed by the nonresident alien:

With reference to:			
Last Name	I	First Name	Middle Name
Do you have a Social	Security numb	er or Individual	Taxpayer Identification number?
☐ Yes, my number is	5		(attach a copy).
			ver, I have not yet received the y Administration receipt.
☐ I have applied for received the numb			cation number; however, I have not yet pleted Form W-7.
☐ I do not have a Social Security number or Individual Taxpayer Identification number. Please apply for one immediately.			
☐ I refuse to provide or Individual Taxp			ork with a valid Social Security number
Signature of the Individual			Date
Го be completed by CUNY	Representativ	e:	
I, the undersigned, on beha Regulation Section 301.610 Even though the requests h	olf of The City 09-1(c), regardinave been made with a valid tax	University of Nong taxpayers ide the above nongayer identificat	ew York, have complied with Treasury ntification numbers. resident alien has not provided The City ion number (Social Security number or
Print Name of CUNY Repr	esentative	Title	College
Signature of CUNY Repres	entative		Date