



USE THIS FORM FOR ALL PAYMENTS TO INTERNATIONAL VISITORS/STUDENTS FOR AWARDS, HONORARIA, EXPENSES, ETC. ELIGIBILITY: Visitors in business or tourist status (B-1, B-2, WB, WT, or Canadians with no visa) may be paid honoraria or travel expense reimbursement if they meet the 9/5/6 rule:

- (1) the visitor is engaged in the activity being compensated for nine days or less, and
(2) the visitor has not been paid or reimbursed by more than five other U.S. institutions or organizations during the past six months

For All other Visa Types: See Special Rules chart at https://finance.emory.edu/home/_includes/documents/sections/accounting/nra/secure/honoraria_special_rules.pdf for allowable payments.

**Note if special rules or 9/5/6 criteria not met, visitor may not legally be paid and/or expense reimbursement may be taxable.

VISITOR/STUDENT INFORMATION

Last Name: First Name: Other Names Used:

Current Nonimmigrant (VISA) Status: SSN or ITIN #: [] [] [] - [] [] - [] [] [] []

Date of Birth: [] [] / [] [] / [] [] [] [] Male Female

IMMIGRATION & CONTACT INFORMATION

I consent to receiving U.S. Tax Form 1042-S electronically (Must provide email address below) (Initialize)

Country of Citizenship: Email address:

Passport Number: Permanent Mailing Address in Home Country:

Country of Permanent Residence:

I-94 Number:

Home Country Phone Number:

STATEMENT OF INDIVIDUAL: Please initial by the appropriate line or lines. I am on a B Visa or Visa Waiver and I attest that I have been engaged in the activities described above for the benefit of Emory University for nine days or less. I further attest that I have not been paid or reimbursed by more than five other U.S. institutions or organizations during the past six months. (For visitors on B visa/visa waiver only) I certify that all the above information is true and correct. (All individuals) Signature: Date: [] [] / [] [] / [] [] [] []

EMORY CONTACT INFORMATION (TO BE COMPLETED BY HOST DEPARTMENT)

Emory Host Department: Department Contact:

Primary Function of Visit: Teaching Research Other (please explain)

Field of Specialization:

Dates of Visitor's Activity: [] [] / [] [] / [] [] [] [] to [] [] / [] [] / [] [] [] []

Description of Activity:

STATEMENT OF DEPARTMENT HEAD OR ACCOUNT MANAGER: As sponsor of the above individual, I attest that the individual has been engaged in the activities described above for the benefit of Emory University for nine days or less. I attest that the activities for which the individual is being paid or reimbursed are within the broad realm of customary activities associated with teaching, research, public service, academic administration or academic operations. (initial if applicable) Signature: Date: [] [] / [] [] / [] [] [] []

Please attach this statement and the following to EMORY UNIVERSITY PAYMENT REQUEST: (1) Form W-8BEN, (2) Copy of I-94 departure record, (2) Form 8233 & FNIS Info (for tax treaty benefits, if applicable), (4) Passport & Visa, (5) event flyer/invoice/letter and (6) Original receipts (for travel reimbursement). See https://www.finance.emory.edu/home/accounting/tax/foreign/index.html and https://www.finance.emory.edu/home/accounting/forms/index.html for information and forms.

For more information contact the tax office at nonresident.tax@emory.edu