

## Eligibility Determination and Request for Honorarium Payment to Foreign Individuals (Substitute Honorarium Invitation Letter/Form)

**Note:**

1. This form does not apply to candidates for vacant positions or foreign national employees.
2. Please submit this form to Controller's Office, Admin Building **before making any arrangements with the foreign individual(s).**
3. This form is used to collect the minimum information necessary to determine the payment allowableness in accordance with the immigration laws, the tax implications of the payment in accordance with IRS regulations and to request payment of services provided by foreign national individuals for usual academic activity for the benefit of the University when a contract is not an option.
4. The Controller's Office will contact the department if further assistance is needed for visa/immigration related issues.
5. If the payment is subject to tax withholding and the withholding is not/cannot be withheld from the payment, the department's fund and the account will be charged for the applicable taxes (gross up) for the payee.

**UNCSA Department please complete questions 1-4.**

1. Dept. contact person, phone # and Email: \_\_\_\_\_

2. Foreign individual's printed name (Last, First): \_\_\_\_\_

3a. Dates of Presentation \_\_\_\_\_ 3b. Date of Payment \_\_\_\_\_

3c. Detail description of the activities (attach additional pages if needed): \_\_\_\_\_

4. Payment types and amounts (including business gifts over \$25) that will be provided to the foreign individual: \_\_\_\_\_

**Foreign Individual please complete questions 5-12.**

5. Do you have a U.S. Tax ID (SSN, ITIN etc.)? **YES NO**

If "No", do you wish to apply an ITIN and claim the treaty benefit if available? **YES NO**

6. Issuing country of the passport used to enter U.S.: \_\_\_\_\_

7. Country of tax residence if different from Line 6: \_\_\_\_\_

8. Visa/immigration status:

- B-1/WB       B-2/WT       J-1 professor/research scholar       O-1/P-1  
 F-1/J-1 student       H-1B      Other: \_\_\_\_\_

9. Sponsoring institution/organization/agency if F, H, J, O or P visa: \_\_\_\_\_

**For One Time Presenter/Speaker/Lecturer Only:**

10. List the number of days of your activities at UNCSA: \_\_\_\_\_

11. Have you been paid or reimbursed by more than 5 U.S. institutions during the past 6 months prior to the visit to UNCSA? **YES NO**

12. Will you grant UNCSA permission to retrieve Form I-94 from cbp.gov? **YES NO**

Dept. Requestor \_\_\_\_\_ Date \_\_\_\_\_

Approval (Chair, Director or Dean) \_\_\_\_\_ Date \_\_\_\_\_

Additional Approval \_\_\_\_\_ Date \_\_\_\_\_

Foreign Individual \_\_\_\_\_ Date \_\_\_\_\_

**(Controller's Office Use Only)** Documents required for this request in addition to other applicable procedures:

- |                                    |  |  |                               |   |
|------------------------------------|--|--|-------------------------------|---|
| <input type="checkbox"/> W-8BEN    | <input type="checkbox"/> Copy of the Passport and Visa         | <input type="checkbox"/> Form I-94               | <input type="checkbox"/> FNIF | <input type="checkbox"/> Sponsoring Institution Authorization |
| <input type="checkbox"/> Form 8233 | <input type="checkbox"/> Request for Direct Pay                | <input type="checkbox"/> Wire Transfer Request   |                               | <input type="checkbox"/> Contract                             |
| <input type="checkbox"/> W-7       | <input type="checkbox"/> I-20 <input type="checkbox"/> DS 2019 | <input type="checkbox"/> Passport Certified Copy |                               | <input type="checkbox"/> Vendor Information Form              |

Payment allowed with current visa: **YES NO** Tax Rate: \_\_\_\_\_

Controller's Office \_\_\_\_\_ Date \_\_\_\_\_