



UNIVERSITY OF CALIFORNIA Nonresident Alien Employee's Federal - State Withholding Allowance Certificate

Please Print

Name (Last, First, Middle)	EMPLOYEE NUMBER	DATE PREPARED MO DY YR
Home Address (number and street or rural route)	SOCIAL SECURITY NUMBER	BIRTHDATE MO DY YR
City or town, state, and zip code	If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card <input type="checkbox"/>	

Part I: Federal Tax Filing Status and Allowances - Please read the General Instructions before completing this form.

1. Marital Status (<i>A nonresident alien may only claim Single marital status.</i>)	S
2. Personal Allowances - Total number of allowances you are claiming (<i>See General Instructions.</i>)	
3. If you are living and working outside the United States, check here and proceed to section V. (<i>See General Instructions</i>)	

Part II: State Tax Filing Status and Withholding Allowances - Please read the General Instructions before completing this form.

1. Marital Status	<i>Enter only one code in box to far right:</i>	S, Single or Married but with two or more incomes M, Married Persons (one income) H, Head of Household
2. Regular Withholding Allowances - Number of allowances you are claiming for this job from Worksheet A, Regular Withholding Allowances. Enter number in the box to the far right. Or If you are exempt from California income tax withholding because you are a nonresident of the State of California and are earning compensation <u>while located outside the State</u> , enter 997 in the box to the far right. Complete and attach the Out-of State Withholding form, UPAY 830.		
3. Additional Withholding Allowances - <i>Number of allowances from Worksheet B, Estimated Deductions.</i>		

Part III: Additional Tax Withholding - Additional amount, if any, you want deducted each month. Completion of this section is optional.

Additional Federal Tax Withholding (<i>Enter additional Monthly amount in the box to the far right OR to cancel additional amount, enter "*" in the box to the far right</i>). Check Appropriate Box: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	\$
Additional State Tax Withholding (<i>Enter additional Monthly amount in the box to the far right OR to cancel additional amount, enter "*" in the box to the far right</i>). Check Appropriate Box: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	\$

Part IV: Tax Treaty Exemption - Please refer to the General Instructions.

You may be eligible for exemption from Federal Tax Withholding because there is an applicable tax treaty between your country of residence and the United States, and your duties while in the United States make you eligible for the exemption.

I certify that I am not a citizen or resident of the United States, that I am eligible for Federal tax exemption because there is a current tax treaty between my country of residence and the United States, and that my duties while here are: Teaching Research Student

Country _____ Treaty Article _____
(If you are eligible to claim tax treaty benefits you must complete a Form 8233 and a tax treaty statement or Form W-8BEN, to obtain these benefits).

I am not exempt from Federal Tax Withholding.

Part V: Certification.

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate.	THIS FORM IS NOT VALID UNLESS YOU SIGN IT.
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Employee Signature ▶ _____ **Date** ▶ _____

ACCOUNTING OFFICE TO COMPLETE ONLY IF SENDING TO THE FRANCHISE TAX BOARD

Employer's Name and Address	Office Code	Employer Identification Number
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PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THE UC W-4NR/DE 4 FORM. THE INSTRUCTIONS CONTAIN VALUABLE INFORMATION FOR THE PROPER COMPLETION OF THIS FORM.

KEEP THE ATTACHED FEDERAL AND STATE INSTRUCTIONS AND WORKSHEETS FOR YOUR REFERENCE.

PRIVACY NOTIFICATIONS

STATE The State of California Information practices act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information:

The principal purpose for requesting the information on this form is for payment of earnings and for miscellaneous payroll and personnel matters such as, but not limited to, withholding of taxes, benefits administration, and changes in title and pay status. University policy and State and Federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory -- failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the State and Federal governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on these policies can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The officials responsible for maintaining the information contained on this form are campus and Office of the President Staff and Academic Personnel Managers or campus Accounting Officers.

FEDERAL Pursuant to the Federal privacy Act of 1974, you are hereby notified that disclosure of your social security number is mandatory. Disclosure of the social security number is required pursuant to Sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and pursuant to Regulations 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act, as amended. The social security number is used to verify your identity. The principal uses of the number shall be to report (1) Federal and State income taxes withheld, (2) social security contributions, (3) State unemployment and workers' compensation earnings, and (4) earnings and contributions to participating retirement systems.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. **Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties.**

Routine use of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.