

TAX TREATY STATEMENT--TEACHER OR RESEARCHER

**Czech Republic
(Article 21)**

1. I was a resident of the Czech Republic on the date of my arrival in the United States. I am not a United States citizen. I have not been accorded the privilege of residing permanently in the United States as an immigrant.
2. I am a professor or teacher visiting the United States for a period of not more than two years for the purpose of teaching or engaging in research at the University of California, _____, which is an educational institution. Individuals who are teaching or doing research at non-educational organizations also qualify to use the treaty.
3. The teaching or research compensation received during the entire taxable year (or during the period from _____ to _____) qualifies for exemption from withholding of federal tax under the tax treaty between the United States and the Czech Republic. I have not previously claimed an income tax exemption under this Treaty Article for income received as a teacher, researcher, student or trainee. The benefits provided in this paragraph shall not be granted to an individual who, during the immediately preceding period, enjoyed the benefits of one of the preceding paragraphs of this Article.
4. Any research I perform will be undertaken in the general interest and not primarily for the private benefit of a specific person or persons.
5. I arrived in the United States on _____ (the date of your last arrival in the United States before beginning the teaching or research for which exemption is claimed). The treaty exemption is available only for compensation received during a period of two years beginning on that date. **An individual shall be entitled to the benefits of this paragraph only once.**

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Nonresident Alien Employee: _____

Print Name: _____ Date: _____

*** YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEAR ***

WITHHOLDING AGENT CERTIFICATION

Name _____ | Employer Identification Number _____
|

Address (number and street)

City, State, and Zip Code _____ | Telephone Number _____
| ()

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual's compensation is not entitled to the exemption or that the eligibility of the nonresident alien's compensation cannot be readily determined.

Signature of Withholding Agent: _____ Date: _____