

**TAX TREATY STATEMENT - TEACHER OR RESEARCHER**

**ICELAND - NORWAY**  
**Article 21 Article 15**

1. I was a resident of \_\_\_\_\_ on the date of my arrival in the United States. I am not a United States citizen I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
2. I have accepted an invitation by the United States government, or by a university or other recognized educational institution in the United States, to come to the United States for a period not expected to exceed two years for the purpose of teaching or engaging in research at the University of California, \_\_\_\_\_, which is a recognized educational institution. I will receive compensation for my teaching or research activities.
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 treaty between the United States and \_\_\_\_\_. I have not previously claimed an income tax exemption under this treaty for income received as a teacher, researcher, or student before the date of my arrival in the United States.
4. Any research I perform will not be undertaken primarily for the private benefit of a specific person or persons.
5. I arrived in the United States on \_\_\_\_\_ (the date of you last arrival in the United States before beginning the teaching or research services for which exemption is claimed). The treaty exemption is available only for compensation received during a period of two years beginning on that date.

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

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Address (number and street)

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City, state, and Zip code | Telephone number  
| ( )

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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 for the exemption cannot be readily determined.

Signature of Withholding Agent: \_\_\_\_\_ Date: \_\_\_\_\_