

**TAX TREATY STATEMENT--TEACHER**

**PAKISTAN - Article XII**

1. I am a resident of Pakistan. 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 am a professor or teacher visiting the United States for the purpose of teaching at the University of California, \_\_\_\_\_, which is a recognized educational institution. I will receive compensation for my teaching activities.
  
3. The teaching 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 Pakistan. I have not previously claimed an income tax exemption under this treaty for income received as a teacher or student before the date of my arrival in the United States.
  
4. I arrived in the United States on \_\_\_\_\_ (the date of your last arrival into the United States before beginning the teaching services for which exemption is claimed). The treaty exemption is available only for compensation paid 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 \*\*\***

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**WITHHOLDING AGENT CERTIFICATION**

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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 cannot be readily determined.

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