



## 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. <b>Marital Status</b> ( <i>A nonresident alien may only claim Single marital status.</i> )	<b>S</b>
2. <b>Personal Allowances - Total number of allowances you are claiming</b> ( <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**

1. <b>Marital Status</b>	<i>Enter only one code in box to far right:</i>	<b>S</b> , Single or Married but with two or more incomes <b>M</b> , Married Persons (one income) <b>H</b> , Head of Household
2. <b>Regular Withholding Allowances</b> - Number of allowances you are claiming for this job from Worksheet A, Regular Withholding Allowances. Enter number in the box to the far right.  <b>Or</b> 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. <b>Additional Withholding Allowances</b> - <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.**

<b>Additional Federal Tax Withholding</b> ( <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	\$
<b>Additional State Tax Withholding</b> ( <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.	<b>THIS FORM IS NOT VALID UNLESS YOU SIGN IT</b>
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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, and will result in your being treated as a single person who claims no withholding allowances. 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, Academic Personnel Managers or the campus Controllers Offices.

### **FEDERAL:**

**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. Internal Revenue Code sections 3402(f)(2)(A) and 6109 and the regulations there under require you to provide this information; your employer uses it to determine your federal income tax withholding. 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 uses of this information include providing it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.