TAX TREATY STATEMENT -- STUDENT EMPLOYEE

Egypt
Article 23

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 am temporarily present in the United States for the primary purpose of studying at the University of California,_______________________.

3. I will receive compensation for personal services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and _____________ in an amount not in excess of $3000 for any taxable year. 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. I will be present in the United States only for such period of time as may be reasonably or customarily required to effectuate the purpose of this visit.

5. I arrived in the United States on _________________ (the date of your last visit in the United States before beginning study at the University of California, ____________). The treaty exemption is available only for compensation paid during a period of five taxable years beginning with the taxable year that includes my arrival 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

___________________________________________
Address (number and street)

___________________________________________  __________________________
City, State, and Zip Code  Telephone Number

______________________________
Signature of Withholding Agent  Date