TAX TREATY STATEMENT-PROFESSOR OR TEACHER

Italy Article 20

1.	was a resident of Italy on the date of my arrival in the United States. I am not a l.S.citizen. I have not been accorded the privilege of residing permanently in the United tates as an immigrant.		
2.	I am a professor or teacher visiting the United States for the purpose of teaching or performing research at the University of California,, which is an educational institution or a medical facility primarily funded from governmental sources. I will receive compensation for my teaching or research activities.		
3.	3. The compensation received during the entire tax year (or during the to) qualifies for exemption from federal tax under the tax treaty between the United States and Italy previously claimed an income tax exemption under that treaty for income teacher, researcher, or student before the date of my arrival in the United States.	_) qualifies for exemption from withholding of the United States and Italy. I have not n under that treaty for income received as a	
4.	4. Any research I perform will be undertaken in the general interest and not private benefit of a specific person or persons.	primarily for the	
5.	5. I arrived in the United States on (the date of yo the United States before beginning the teaching or research services for w is claimed. The treaty exemption is available only for compensation reception of two years beginning on that date.	hich exemption	
	der penalties of perjury, I declare that this statement, to the best of my knowled, correct, and complete.	ge and belief, is	
Signat	nature of Nonresident Alien Employee:		
Print N	nt Name: Date:	Date:	
	*** YOU MUST COMPLETE NEW FORMS FOR EACH CALENDAR YEA	∖ R ***	
WITH	THHOLDING AGENT CERTIFICATION		
Name	me Employer Identification	Number	
Addres	dress (number and street)		
City, S	, State, and Zip Code Telephone Number ()		
statem know o	der penalties of perjury, I certify that I have examined this form and any ements, that I am satisfied that an exemption from withholding is warranted, a w or have reason to know that the nonresident alien individual's compensation be exemption or that the eligibility of the nonresident alien's compensation ca	nd that I do not not is not entitled	

Date:

determined.

Signature of Withholding Agent: