

**TAX TREATY STATEMENT—PROFESSOR OR RESEARCHER**

**Slovenia**  
Article 20 (3)

1. I was a resident of Slovenia 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 a professor or researcher visiting the United States 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 under the tax treaty between the United States and Slovenia.
4. I arrived in the United States on \_\_\_\_\_ (the date of your last arrival into the United States before beginning the teaching or research 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. In no event will any individual have the benefits of this provision for more than five taxable years.

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  
| ( )

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: \_\_\_\_\_