UNDER REVIEW CONTACT ACCOUNTING

UNIVERSITY OF CALIFORNIA, SANTA BARBARA Accounting Office

ALIEN'S CERTIFICATE TO CLAIM EXEMPTION FROM WITHHOLDING TAX ON SCHOLARSHIP OR FELLOWSHIP

File Name of Grantee Date Department Citizen of Resident of Status in the University - Candidate for degree? Yes No Scholarship or fellowhip for which tax exemption is hereby claimed:

Agency	Total amount \$	
Monthly Amount \$	Period: From	То

I certify that the foregoing is a correct statement of the facts concerning my eligibility for exemption from withholding tax on the scholarship or fellowship described aabove.

I agree to notify the Accounting Office (Payroll Division) promptly if there is a change in my status as described above or if I determine that the total number of months deducted above is incorrect.

I understand that if the period of eligibility to exemption, shown as the total figure above, expires during the period of the grant, withholding tax will be applicable to all payments after such expiration.

I declare under the penalties of perjury that this statement has been examined by me and, to the best of my knowledge and belief, is true and correct.

Signature of Claimant

For questions or comments regarding the format of the above information, please contact webcontact@ucsbuxa.ucsb.edu.

Last Modified By: HMW, 5/21/97