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

Name of Grantee

Department

Citizen of

Resident of

Status in the University - Candidate for degree? Yes No

Scholarship or fellowship for which tax exemption is hereby claimed:

Agency

Total amount $

Monthly Amount $  Period:  From  To

Total number of months since December 31, 19, during which claimant is entitled to receive benefit of withholding tax exemption on first $300 per month received while not a candidate for a degree.

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Less the total number of months since December 31, 19 (whether or not consecutive) during which the claimant has received the benefit of such an exemption while not studying for a degree at the University of California or elsewhere.

Number of remaining months during which claimant may receive the benefit of the withholding tax exemption described above.

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 above.

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.