Please complete and submit the following information collection sheet at least 60 days in advance of the payee's visit. To submit the form, download the document in Adobe Acrobat and click on the "Submit" button at the bottom of the form. If you have questions, please call the BYU Tax Office at 2-8098 or 2-7100.

Review of Anticipated Payments to Non-U.S. Citizens or Entities For Honorarium, Fee for Services, or Stipend

Payee Name:							
Anticipated Date of Visit:			Anticipated Amount of Payment:		Three Letter Currency Code:		
Payee is a(n):	Individual	Corporation	Government	Other:			
Permanent Address Address Line 1:	s:						
Address Line 2:							
City, State/Country,	Zip/Postal Code:						
Other Address:							
U.S. Address (if app Address Line 1:	plicable):						
Address Line 2:							
City, State/Country,	Zip/Postal Code:						
Phone Number (with area or international code):							
Email Address:							
U.S. issued SSN or Individual Taxpayer Identification Number:							
Home Country Tax Identification Number:							
Individual's Country of Residence or Corporate Country of Incorporation:							

Does the payee have a U.S. Permanent Resident Card ("Green Card")?	Yes (provide copy) No
If payee does not have Green Card, complete the following and provide cocard:	pies of passport, visa, I-94/I-94W, and (if applicable) work authorized
Number of days payee has been in the U.S. in current calendar year:	Visa type:
Number of days payee anticipates being in the U.S. at time of payment:	Visa type:
Number of days payee was in the U.S. in first preceding calendar year:	Visa type:
Number of days payee was in the U.S. in second preceding calendar year:	Visa type:
Send copies of Green Card, passport, visa, I-94/I-94W, and/or work at	uthorized card as applicable to B-280 ASB
Please explain purpose/reason for payment:	
Submitted by: Email:	Phone:
Submit	Print Form