

Please complete and submit the following information collection sheet at least 60 days in advance of the payee's visit by clicking the "Submit" button at the bottom of the form. If you have questions, please call Regulatory Accounting at 2-8098 or 2-6631.

Review of Anticipated Payments to Non-U.S. Citizens or Entities
For Royalty, License, or Use Fee

Payee Name:	
Anticipated Amount of Payment:	
Payee is a(n): <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Other: _____	
Permanent Address:	
Address Line 1	
Address Line 2	
City, State/Country, Zip/Postal Code	
Other Address	
US Address (if applicable):	
Address Line 1	
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:	
Please explain purpose/reason for payment:	

Submitted by: _____ Phone: _____ Email: _____