



Nonresident Alien (NRA) Honorarium Payments
B1 & B2 Visa Holders

Name _____

SSN or ITIN _____

Description of service you are providing _____

Mark one of the boxes.

- Personal business
Academic-related services

Amount of total compensation you expect to be paid for these services _____

Amount of other incidental expenses _____

Beginning date of service _____ Ending date of service _____

List payments received in the previous 6-months from current and/or other institutions, using the table.

Table with 3 columns: INSTITUTION, DATE, AMOUNT. Multiple empty rows for data entry.

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief, the statements are true, correct, and complete.

Signature of nonresident individual _____ Date _____

For Office Use Only

Comments

Signature _____ Title _____ Date _____