

Exemption From Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual

▶ See separate instructions.

<p>Who Should Use This Form?</p> <p>Note: For definitions of terms used in this section and detailed instructions on required withholding forms for each type of income, see Definitions on pages 1 and 2 of the instructions.</p>	<p>IF you are a nonresident alien individual who is receiving . . .</p>	<p>THEN, if you are the beneficial owner of that income, use this form to claim . . .</p>
	<p>Compensation for independent personal services performed in the United States</p>	<p>A tax treaty withholding exemption (Independent personal services, Business profits) for part or all of that compensation and/or to claim the daily personal exemption amount.</p>
	<p>Compensation for dependent personal services performed in the United States</p>	<p>A tax treaty withholding exemption for part or all of that compensation. Note: Do not use Form 8233 to claim the daily personal exemption amount.</p>
	<p>Noncompensatory scholarship or fellowship income and personal services income from the same withholding agent</p>	<p>A tax treaty withholding exemption for part or all of both types of income.</p>
<p>DO NOT Use This Form. . .</p>	<p>IF you are a beneficial owner who is . . .</p>	<p>INSTEAD, use . . .</p>
	<p>Receiving compensation for dependent personal services performed in the United States and you are not claiming a tax treaty withholding exemption for that compensation</p>	<p>Form W-4 (See page 2 of the Instructions for Form 8233 for how to complete Form W-4.)</p>
	<p>Receiving noncompensatory scholarship or fellowship income and you are not receiving any personal services income from the same withholding agent</p>	<p>Form W-8BEN or, if elected by the withholding agent, Form W-4 for the noncompensatory scholarship or fellowship income</p>
	<p>Claiming only foreign status or treaty benefits with respect to income that is not compensation for personal services</p>	<p>Form W-8BEN</p>

This exemption is applicable for compensation for calendar year 2015, or other tax year beginning _____ and ending _____.

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual who is the beneficial owner Hans Berger	2 U.S. taxpayer identifying number 555-22-4444	3 Foreign tax identifying number, if any (optional)
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box. 125 Autoban		
City or town, state or province. Include postal code where appropriate. Frankfurt		Country (do not abbreviate) Germany
5 Address in the United States (street, apt. or suite no., or rural route). Do not use a P.O. box. 123 Hilyard St		
City or town, state, and ZIP code Eugene, OR 97403		
Note: Citizens of Canada or Mexico are not required to complete lines 7a and 7b.		
6 U.S. visa type J-1	7a Country issuing passport Germany	7b Passport number L000011543
8 Date of entry into the United States 09-01-14	9a Current nonimmigrant status J-1	9b Date your current nonimmigrant status expires D/S
10 If you are a foreign student, trainee, professor/teacher, or researcher, check this box <input checked="" type="checkbox"/> Caution: See the line 10 instructions for the required additional statement you must attach.		

Part II Claim for Tax Treaty Withholding Exemption and/or Personal Exemption Amount

- 11 Compensation for independent (and certain dependent) personal services:
 - a Description of personal services you are providing
Teaching 3 classes German language courses per term
 - b Total compensation you expect to be paid for these services in this calendar or tax year \$ 30,000.00
- 12 If compensation is exempt from withholding based on a tax treaty benefit, provide:
 - a Tax treaty **and treaty article** on which you are basing exemption from withholding
Article number (20 (1)) of the U.S./ (Germany) tax treaty
 - b Total compensation listed on line 11b above that is exempt from tax under this treaty \$ 30,000.00
 - c Country of permanent residence Germany

Note: Do not complete lines 13a through 13c unless you also received compensation for personal services from the same withholding agent.

- 13 Noncompensatory scholarship or fellowship income:
 - a Amount \$
 - b Tax treaty **and treaty article** on which you are basing exemption from withholding
 - c Total income listed on line 13a above that is exempt from tax under this treaty \$
- 14 Sufficient facts to justify the exemption from withholding claimed on line 12 and/or line 13 (see instructions)

Note: Lines 15 through 18 are to be completed only for certain independent personal services (see instructions).

- 15 Number of personal exemptions claimed ▶ N/A
- 16 How many days will you perform services in the United States during this tax year? ▶ N/A
- 17 Daily personal exemption amount claimed (see instructions) ▶
- 18 Total personal exemption amount claimed. Multiply line 16 by line 17 ▶ 0.00

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
- The beneficial owner is not a U.S. person.
- The beneficial owner is a resident of the treaty country listed on line 12a and/or 13b above within the meaning of the income tax treaty between the United States and that country.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here ▶ Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date

Part IV Withholding Agent Acceptance and Certification

Name University of Oregon	Employer identification number 46-4727800
Address (number and street) (Include apt. or suite no. or P.O. box, if applicable.) P.O. Box 3237	
City, state, and ZIP code Eugene, OR 97403-0237	Telephone number 541-346-3151

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual is not entitled to the exemption or that the nonresident alien's eligibility for the exemption cannot be readily determined.

Signature of withholding agent ▶ Date ▶