University of Alaska Foreign Entity Form

Date: __________________________

Entity Legal Name: __________________________ Contact Name: __________________________

EIN or ITIN: __________________________ Foreign Tax ID: __________________________

Business Type:  □ Corporation □ Private Foundation □ International Organization □ Foreign Government - Integral Part
□ Partnership □ Estate □ Tax Exempt Organization □ Foreign Government - Controlled Entity

U.S. Address:  □ Entity does NOT have a U.S address Permanent Foreign Address: __________________________

City: __________________________ City: __________________________
State: __________________________ Country: __________________________
Zip: __________________________ Postal: __________________________ Province: __________________________
Code: __________________________ (Canada Only):

Tax Status Determination.

Country of Incorporation Country of Tax Residence: __________________________

or Organization: __________________________

Is the organization’s income effectively connected with the conduct of a US trade or business?  
□ Yes. This election makes all income subject to US tax.
 □ No, please continue with rest of form.

Is the organization a foreign tax-exempt organization as defined by the United States Internal Revenue Service?  
□ Yes. Skip to section B. □ No, please continue with rest of form.

If eligible, do you want to claim tax treaty benefits (the entity must have, or apply for, U.S. Tax ID)?  
□ Yes, please complete rest of form. □ No

US Source Income Determination.

Does the payment include copyright fees, royalties or software licenses?  □ Yes, projected $___________ □ No

What is the expected number of days for all activity in the current calendar year, whether occurring inside or outside the US? _____________

What is the expected payment for all activity in the current calendar year, whether activity occurs inside or outside the US? $_____________

Please describe all activity that will be occurring in the United States during the current calendar year for this purchase order/contract:

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<th>Description of activity</th>
<th>Number of days in U.S. performing this activity</th>
<th>Amount of payment associated with this activity</th>
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To be completed by all.

I certify that I am authorized to sign for the above listed foreign entity. I certify that the above is true and correct according to the best of my knowledge. I certify that the income to which this form relates is not effectively connected with the conduct of a US trade or business. I understand that any payment defined as US sourced income may be subject to up to 30% federal tax withholding.

Signature: __________________________ Date: __________________________
Print Name: __________________________ Title: __________________________

NRA TAX SPECIALIST USE ONLY.

Foreign sourced income:

US Sourced Income:

Independent Personal Services: __________________________ Default W/H: 30% Income Tax Treaty W/H: ________ %

Television/ Movie Copyrights: __________________________ Default W/H: 30% Income Tax Treaty W/H: ________ %

NOTES: __________________________ Default W/H: 30% Income Tax Treaty W/H: ________ %

Other Copyrights: __________________________ Default W/H: 30% Income Tax Treaty W/H: ________ %

Other: __________________________ Default W/H: 30% Income Tax Treaty W/H: ________ %

NRAT signature: __________________________ Date: __________________________ G0AINTL entry date: ____________ GLACIER entry date: ____________

Revised 11/09/2015
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