## Form **8233**

(Rev. March 2009)

Department of the Treasury Internal Revenue Service

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

► See separate instructions.

OMB No. 1545-0795

Who Should Use This Form?	IF you are a nonresident alien individual who is receiving		<b>THEN,</b> if you are the beneficial owner of that income, use this form to claim
Note: For definitions of terms used in this section and detailed instructions on required	Compensation for independent personal services performed in the United States		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.
withholding forms for each type of income, see  Definitions on pages 1 and 2 of the instructions.	Compensation for dependent personal services performed in the United States		A tax treaty withholding exemption for part or all of that compensation.
			<b>Note:</b> <i>Do not</i> use Form 8233 to claim the daily personal exemption amount.
	Noncompensatory scholarship or fellowship income and personal services income from the same withholding agent		A tax treaty withholding exemption for part or all of <b>both</b> types of income.
DO NOT Use This Form	IF you are a beneficial owner who is		INSTEAD, use
	Receiving compensation for dependent personal services performed in the United States and you are not claiming a tax treaty withholding exemption for that compensation		Form W-4 (See page 2 of the Instructions for Form 8233 for how to complete Form W-4.)
	Receiving noncompensatory scholarship or fellowship income and you are not receiving any personal services income from the same withholding agent		Form W-8BEN or, if elected by the withholding agent, Form W-4 for the noncompensatory scholarship or fellowship income
	Claiming only foreign status or treaty benefits with respect to income that is <b>not</b> compensation for personal services		Form W-8BEN
This exemption is ap		n for calendar year	, or other tax year beginning
		wner (See instructions.)	
1 Name of individual	f individual who is the beneficial owner 2 U.S. taxpayer identifying nu		er 3 Foreign tax identifying number, if any (optiona
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box.			
City or town, state or province. Include postal code where appropriate.			Country (do not abbreviate)
5 Address in the United	ed States (street, apt. or sui	te no., or rural route). Do not use a	P.O. box.
City or town, state,	and ZIP code		
Note: Citizens of Canada or Mexico are not required to complete lines 7a and 7b.			
6 U.S. visa type		7a Country issuing passport	7b Passport number
8 Date of entry into the United States 9		9a Current nonimmigrant status	9b Date your current nonimmigrant status expire
10 If you are a foreign student, trainee, professor/teacher, or researcher, check this box			

Page 2 Form 8233 (Rev. 3-2009) Part II Claim for Tax Treaty Withholding Exemption and/or Personal Exemption Amount Compensation for independent (and certain dependent) personal services: a Description of personal services you are providing b Total compensation you expect to be paid for these services in this calendar or tax year \$ \_\_\_\_\_\_ 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 b Total compensation listed on line 11b above that is exempt from tax under this treaty \$ \_\_\_\_\_\_ c Country of permanent residence 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..... Total income listed on line 13a above that is exempt from tax under this treaty \$ 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). Number of personal exemptions 16 How many days will you perform services in 15 claimed ▶ the United States during this tax year? ▶ Daily personal exemption amount claimed (see instructions) Total personal exemption amount claimed. Multiply line 16 by line 17 ▶ 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) Withholding Agent Acceptance and Certification Part IV Employer identification number Name Address (number and street) (Include apt. or suite no. or P.O. box, if applicable.) City, state, and ZIP code Telephone number 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 ▶