University of Minnesota

Teaching/ Research
Tax Treaty Affidavit

For: Commonwealth of Independent States (except Latvia, Lithuania, Estonia, Kazakhstan, Ukraine and Russia)

Name_______________________________________________________
Tax Identification Number_______________________________________

I am a resident of ________________________________ (insert name of C.I.S. member). I am not a U. S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.

I have accepted an invitation by a governmental agency or institution in the United States for the purpose of teaching, engaging in research, or participating in scientific, technical, or professional conferences at the University of Minnesota.

I will receive compensation for my teaching, research, or conference activities.

The teaching, research or conference compensation received during the entire tax year (or during the portion of the year form _______________ to _______________) qualifies for the exemption from withholding of federal tax under the tax treaty between the United States and the former Union of Soviet socialist Republics. I have not previously claimed an income tax exemption under this treaty for income received as a teacher, researcher, conference participant or student before the date of my arrival in the United States.

Any research I perform will not be undertaken primarily for the benefit of a private person or commercial enterprise of the United States for a foreign trade organization of __________________________ (insert name of C.I.S. member), unless the research is conducted on the basis of intergovernmental agreements on cooperation.

I arrived in the United States on _______________________. (insert the date of your last arrival in the United States before beginning the teaching, research, or conference services for which exemption is claimed). The treaty exemption is available only for compensation received during a period of two years beginning on that date.

Under penalties of perjury, I certify that to the best of my knowledge, the above information is complete and accurate.

Signature____________________________________________________

Date________________________