

## CAL STATE L.A. UNIVERSITY AUXILIARY SERVICES, INC.

5151 State University Drive, GE 314 Los Angeles, California 90032

Tel: 323.343.2531 Fax: 323.343.5915

## **Non Resident Alien Notification Form**

All fields must be completed	
	Payee Information
Last Name:	
First Name:	Middle Name:
Email Address:	
Please provide an	email that you access on a daily or frequent basis. Please print clearly.
Check One:	☐ Faculty/Staff/GA ☐ Consultant ☐ Student Assistance  Department:
Cal State L.A. UA provided. This info Internal Revenue S and reporting of pa	ting this information:  AS, Inc. can not issue payments to you until information regarding your immigration status is ormation will be used to determine your correct withholding allowances for taxation purposes. The ervice (IRS), the U.S. government tax authority, has issued strict regulations regarding the taxation yments made to non-United States citizens. As a result, Cal State L.A. UAS, Inc. may be required come tax and file reports with the IRS in connection with any payments made to you.
GLACIER Online log on to the system the necessary forms	you will receive an email message at the email address you provided, notifying you to log on to the Tax Compliance System. The email will contain the Institution ID and your password required to n. For your convenience, Cal State L.A. UAS, Inc. allows you to provide information and complete s via the internet from any web-accessed computer. YOU MUST LOG ON TO THE GLACIER DMPLIANCE SYSTEM AND PROVIDE THE REQUESTED INFORMATION
	f I do not provide the requested information, Cal State L.A. UAS, Inc. is unable to honor the tion and other terms of my tax treaty. The maximum amount of U.S. tax will be withheld from any
Signature:	Date:
If you have question at acontr134@calst	ons: Contact Financial Reporting Accountant, Alberto Contreras at (323) 343-3568 or email atela.edu.
For office use only	
Tax Administrator:	Date Received
Date Email Notifica	tion/Password sent: