

## **CAL STATE LA UNIVERSITY**

5151 State University Drive Los Angeles, California 90032

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## **Non Resident Alien Notification Form**

All fields must be completed		
		Payee Information
Last Name:		
First Name:		Middle Name:
Email Addre	ess:	
Please provid	de an email that you access	on a daily or frequent basis. Please print clearly.
Check One:	☐ Faculty/Staff/GA [	☐ Consultant ☐ Student Assistant
	Department:	
Cal State LA information of Revenue Servenue Ser	will be used to determine you'ce (IRS), the U.S. governments made to non-United tax and file reports with the I days, you will receive an emplational Information System (the system. For your convergence via the internet from NATIONAL INFORMATIONAL INFORM	you until information regarding your immigration status is provided. This your correct withholding allowances for taxation purposes. The Internal ment tax authority, has issued strict regulations regarding the taxation and ed States citizens. As a result, Cal State LA may be required to withhold RS in connection with any payments made to you.  The image at the email address you provided, notifying you to log on to (FNIS). The email will contain the username and your password required enience, Cal State LA allows you to provide information and complete any web-accessed computer. YOU MUST LOG ON TO THE ON SYSTEM AND PROVIDE THE REQUESTED INFORMATION  The requested information, Cal State LA is unable to honor the withholding thy. The maximum amount of U.S. tax will be withheld from any payment.
Signature: _		Date:
If you have of acontr134@c		Reporting Accountant, Alberto Contreras at (323) 343-3568 or email at
For office use	e only	
Tax Administ	rator:	_ Date Received
Date Email N	otification/Password sent:	