



**DETERMINATION OF RESIDENCY STATUS FOR TAX WITHHOLDING:**

<p><b>SUBSTANTIAL PRESENCE TEST (SPT)</b>                  If "TOTAL" is <b>less</b> than 183, you are NRA for tax purposes.                  If "TOTAL" is <b>more</b> than or <b>equal to</b> 183, <u>and</u> you have been in the US 31 days in this CY, you a Resident Alien for Tax Purposes.</p>	CALCULATE THE NUMBER OF DAYS PHYSICALLY PRESENT IN THE U.S. DURING THE YEARS LISTED.			
		<b>List calendar year</b>	<b>Number of days physically Present in the U.S.</b>	<b>Computation for the Test</b>
	Current year	_____	_____	x 1 = _____
	Last year	_____	_____	x 1/3 = _____
	2 years ago	_____	_____	x 1/6 = _____
			<b>TOTAL</b> .....	

**Certification to be completed by the individual:**  
 I certify that to the best of my knowledge, all of the information I have provided is true, correct, and complete.  
 I understand that if my status changes from that which I have indicated on this form, I must submit a new Citizenship Status Form to the Payroll Department.

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**Signature** \_\_\_\_\_ **SSN or SID** \_\_\_\_\_ **UID** \_\_\_\_\_ **Date** \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED BY THE DEPARTMENT REPRESENTATIVE.**

PURPOSE FOR SUBMITTING THIS FORM.  
 (CHECK ONE):

Department Information:

<input type="checkbox"/> YEARLY RENEWAL	Department:
<input type="checkbox"/> Changing to valid SSN	Contact person (print name):
<input type="checkbox"/> New to the University	Phone number of contact person:
<input type="checkbox"/> Changing Immigration Status	Notes:
<input type="checkbox"/> Other:	

I hereby certify that I have reviewed this CSF, the copies of supporting documents, and the required tax forms for completeness & accuracy.

**Signature** ↑ \_\_\_\_\_ **Date** ↑ \_\_\_\_\_