



The Pennsylvania State University
Revenue Procedure Statement 87-8
(Income Code 19)

If you are a student or trainee with an F-1 or J-1 visa receiving compensation for personal services and are a resident of a country listed below, you can claim exemption from withholding of tax by completing a form 8233 and the statements below.

Form with fields for Family Name (Surname), First Name (Please Print), Social Security Number, and Arrival Date (the date of your arrival in the United States before beginning study at the U.S. educational institution).

CHECK ONLY ONE BOX BELOW

Table with 6 columns: Country, Maximum Presence in U.S., Maximum Compensation, Country, Maximum, Maximum. Lists countries like Bangladesh, Belgium, China, etc. with their respective tax exemption limits.

- 1. I was a resident of the country checked above, on the date of my arrival in the United States. I am not a United States citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
2. I am temporarily present in the United States for the primary purpose of studying, obtaining training for qualification in a profession or specialty, or research as a student or business apprentice at PENN STATE UNIVERSITY.
3. I will receive compensation for personal services performed in the United States. This compensation qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and the country checked.
4. I arrived in the United States on the date indicated above. The treaty exemption is available only for the time period specified in the appropriate Article of the tax treaty.
5. I will be present in the United States only for such period of time as may be reasonably or customarily required to effectuate the purpose of this visit.
6. If from Germany, I understand that if my visit to the U.S. exceeds 4 years, the exemption is lost for the entire visit unless the competent authorities of Germany and the United States agree otherwise.

I certify that the information I have provided above is true, correct and complete, and that the statements of Procedure 87-8 apply to me.
Date (mo/day/yr) Signature