UNIVERSITY OF CALIFORNIA

UCPath Center

# FOREIGN SOURCE INCOME STATEMENT (FSIS)

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FR.115

The purpose of this form is to document income information of Non-Resident Aliens (NRA) to be sure that they do not get taxed on income, while working/studying outside of the United States. Click here to access form instructions.

## SECTION 1. KEY INFORMATION

*Indicates Required Fields

| Employee ID #* (8 Digits) | Last Name* | First Name* | M.I. |
|---|---|---|---|
| | | | |

| Country of Tax Residence* |
|---|
| |

| Employee's Phone* (numbers only; no spaces) | Employee's Email* |
|---|---|
| | |

## SECTION 2. FOREIGN SOURCE STATEMENT FOR PAYMENT OF EMPLOYMENT

| | |
|---|---|
| ☐ | Check the box if you are not a U.S. citizen, lawful Permanent Resident Alien of the U.S or a U.S. person or resident for tax purposes. |
| ☐ | Check the box if you were employed by the University of California. |
| % | Indicate the percentage of time that you worked OUTSIDE of the U.S. |

| Employment Begin Date (m/d/yyyy) | Employment End Date (m/d/yyyy) |
|---|---|
| | |
| **Employment Contract Begin Date (m/d/yyyy)** | **Employment Contract End Date (m/d/yyyy)** |
| | |

| Address(es) of Employment Locations OUTSIDE of the U.S. | |
|---|---|
| 1 | |
| 2 | |
| 3 | |

## SECTION 3. FOREIGN SOURCE STATEMENT FOR ACADEMIC SCHOLARSHIPS / FELLOWSHIPS

| | |
|---|---|
| ☐ | Check the box if you are not a U.S. citizen, lawful Permanent Resident Alien of the U.S or a U.S. person or resident for tax purposes. |
| % | Indicate the percentage of educational activity associated with this academic scholarship or fellowship that was conducted OUTSIDE of the U.S. |

| Educational Activity Begin Date (m/d/yyyy) | Educational Activity End Date (m/d/yyyy) |
|---|---|
| | |

| Address(es) of Locations OUTSIDE of the U.S. where Educational Activity was Conducted | |
|---|---|
| 1 | |
| 2 | |
| 3 | |

| Name of Payer of Scholarship or Fellowship | Address of Payer of Scholarship or Fellowship |
|---|---|
| | |

The retention schedule for this form can be found at http://recordsretention.ucop.edu/.

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## SECTION 4. PAYEE SIGNATURE*

| | |
|---|---|
| ☐ | I certify that the above information is true, correct and complete to the best of my knowledge. |

| Type/Print Name* | Title* |
|---|---|
| | |

| Employee Signature* | Date* (m/d/yyyy) |
|---|---|
| | |

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