

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:
provided. This internal Revenue Stand reporting of p to withhold U.S. in What to expect: Within a few days GLACIER Online log on to the system the necessary form ONLINE TAX C Failure to comply I understand that	if I do not provide the requested information, Cal State L.A. UAS, Inc. is unable to honor the
	ption and other terms of my tax treaty. The maximum amount of U.S. tax will be withheld from any
Signature:	Date:
If you have quest at clee209@calsta	ions: Contact Financial Reporting Accountant, Christine Lee at (323) 343-3572 or email tela.edu.
For office use only	
Γax Administrator:	Date Received
Date Email Notific	ation/Password sent: