

CITIZENSHIP STATEMENT

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Note: In compliance with the codes of the Internal Revenue Service and The State of California this form is mandatory for all non-payroll personnel, teacher stipends, and participants that may be subject to withholding.

ALL INFORMATION MUST BE COMPLETED BEFORE PAYMENT CAN BE MADE!

Name:					
	(As it appears on your Social Security Card)				
Mailing					
Address:	····				
City:			State:	_ Zip:	
Country:					
20CIAI 26CUI	rity Number (SSN):	(As it appea	(As it appears on your Social Security Card)		
		(As il upped		ecomy cord	
I am a	u US Citizen 1 Permanent Residen not a U.S. Citizen and lent Alien)				
payn	All Non-Resident and the made states of the made	. Please contac	t The University C	orporation at	
Date:					

Signature: