

Finance Office

Foreign National Tax Treaty Information Questionnaire

Reason	for com	nleting t	this fort	m?

Signature

Reason for completing this form:									
Claiming treaty benefit for the first time at Bucknell University									
Updating treaty benefit from previous year									
All questions and copies of documents are for to National Tax Information Questionnaire (only and returned to the Bucknell University Payroll request. If Bucknell decides not to honor your exemption when filing your federal income tax	if information has c Office before Buck request for a treaty	hanged from the current enell can determine who	t questionnair ether or not to	re on file) must be completed honor the tax treaty benefit					
1. Last or Family Name	Midd	le	Mr., Mrs., Ms., Dr.						
2. Social Security Number/ITIN									
3. U.S. Local Street Address		4. Foreign Residence Address							
Address Line 1	Address Line 1								
Address Line 2	Address Line 2								
City		City							
State		Postal Code							
Zip	Lip								
Telephone Number	Providence/Region Postal Code								
		Country							
5. Treaty Country									
6. Treaty Article									
7. Have you claimed a treaty benefit	it before?								
Yes		No							
8. If Yes above, complete the follow	ing:								
Year Treaty Claimed	Country	Article Claimed							
I hereby certify that all of the above informal indicated on this form, I must submit a new Information Questionnaire to the Bucknell U	Tax Treaty Informat	ion Questionnaire and a	an updated Fo	reign National Tax					

Date