



Finance & Administration
 Office of Accounting Services
 Payroll

Attachment to Form 8233 – Foreign Teachers/Researchers

TT CODE 02519
Article 19

PEOPLES REPUBLIC OF CHINA

I was a resident of _____ (insert the name of the country under whose treaty the alien claims exemption) 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.

I have accepted an invitation by the United States government, or by a University or other recognized educational institution in the United States, to come to the United States for the purpose of teaching or engaging in research, or participating in scientific, technical, or professional conferences at Louisiana State University, which is a governmental agency or institution, an educational or scientific institution, or an organization sponsoring a professional conference. I will receive compensation for my teaching, research, or conference activities.

The teaching compensation received during the entire taxable year or during the period from (____/____/____ to ____/____/____) qualifies for exemption from withholding of federal income tax under the tax treaty between the United States and _____ (insert the name of the country under whose treaty the alien claims exemption). I have not previously claimed an income tax exemption under this treaty for income received as a teacher, researcher, conference participant, or student before the date of my arrival in the United States.

Any research I perform will be undertaken in the public interest and not primarily for the private benefit of a specific person or persons.

I arrived in the United States on _____ (insert the date of the alien’s last arrival in the United States before beginning study at the United States educational institution). The treaty exemption is available only for compensation received during a maximum aggregate period of *three* years beginning on the date of arrival.

 Signature

 Date

 Printed Name

 Social Security No.