

General Information

DATE: January 27-30, 2007

LOCATION: East-West Hawaii Imin Conference Center

REGISTRATION FEE: \$80US (includes refreshments, parking and conference materials).

Make check payable to: UNIVERSITY OF HAWAI'I. Mail with the registration form to: University of Hawai'i Conference Center; 2530 Dole St., C403; Honolulu, HI 96822.

DEADLINE: Deadline for advance registrations December 15, 2006. Form of payment must accompany the registration. Credit card numbers submitted with registration will be processed upon receipt. Registrations will not be processed without payment.

REFUNDS: Requests for refunds will be received at the UH Conference Center by January 12, 2007, in writing. No refunds will be made thereafter. Refunds will be mailed. Please allow approximately three to five weeks for processing.

ACCESSIBILITY ASSISTANCE: If you would like assistance due to a mobility, hearing, or sight impairment, you are warmly encouraged to contact the Conference Center at 956-8204 by November 24, 2006.

PARKING: Available on E-W Center grounds for a limited number.

PLEASE DIRECT ALL REGISTRATION INQUIRIES TO:
UH Conference Center at (808) 956-8204.
Fax. No. (808) 956-3364

2007 Japan-U.S. West Coast Operator
Algebra Seminar
January 27-30, 2007

Feel free to copy this form for additional registrations
Please print or type.

Name: _____
Last First

Institution: _____

Mailing Address: _____

City State Zip code

Phone: _____
business fax

Email address: _____

I plan to rent a car and request parking at the seminar: _____(yes/no)

Registration fee: \$80.00 Total Enclosed: \$_____

Form of payment:

_____ Check made payable to the University of Hawaii

_____ I hereby authorize University of Hawai'i the use of my credit
card account: _____ VISA _____ MasterCard

Credit Card Number with 3-digit security code:

Expiration date (month/year;mm/yyyy) _____

Signature _____

Name on card: _____

Send registration form and payment to: UH Conference Center
2530 Dole St., Sakamaki, C403
Honolulu, HI 96822
808.956.8204 (phone); 808.956.3364 (fax)
UHCC I.D. #C08579

UNIVERSITY OF HAWAII WH-1 STATEMENT OF CITIZENSHIP AND FEDERAL TAX STATUS

PURPOSE: In order to comply with applicable tax provisions of the Internal Revenue Service (IRS), the information requested on this form is required. The University will use this information to determine the appropriate federal tax withholding. Your submission of this form is required each calendar year.

- DIRECTIONS:**
- UNITED STATES (US) CITIZENS: 1. Complete Section A and Section E only
 - PERMANENT RESIDENT ALIEN: 1. Complete Section A and Section E only
2. Attach a photocopy (front and back) of your Alien Registration Card
 - ALL OTHERS: 1. Complete Sections A, B, C, and E
2. Complete Section D if applicable
3. Submit copy (front and back) of your I-94
4. For J-1 visaholders, submit copy of IAP-66
5. Submit applicable IRS Form as instructed

Section A. PERSONAL INFORMATION

(1) General Information

Last Name	First	Middle	Social Security Number or ITIN Number
Country of Citizenship		Country of Residence for Tax Purpose	
Business Name (if applicable)			Federal ID Number (if applicable)
My business is a <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Government Agency <input type="checkbox"/> Partnership			

(2) U.S. Residence Address

Number and Street	City or Province	State or Country	Postal Code
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(3) Foreign Residence Address

Number and Street	City or Province	State or Country	Postal Code
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Section B. U.S. IMMIGRATION ACTIVITY

(1) Current Visa Status

Date of U. S. Entry	Expiration Date of Current Visa	Intended Length of Stay	Anticipated Departure Date
Current Visa Type (check appropriate box): <input type="checkbox"/> F-1 Student <input type="checkbox"/> J-1 Student <input type="checkbox"/> J-1 Visitor (Non-Student) <input type="checkbox"/> B-1/WB Visitor For Business <input type="checkbox"/> B-2/WT Visitor For Pleasure (Tourist) <input type="checkbox"/> Other INS Classification (list status):		What is the primary purpose of the visit? (check appropriate box) <input type="checkbox"/> Studying/Training/Research in a Degree Program <input type="checkbox"/> Studying/Training/Research in a Non-Degree Program <input type="checkbox"/> Training/Research as a Post-Doctoral Fellow <input type="checkbox"/> Providing Services as an Independent Contractor (i.e., Consulting, Conducting a Workshop, etc.) <input type="checkbox"/> Other:	

(2) Past Visa History

Provide the requested information to detail the number of days you were physically present in the United States during the calendar years listed below. Note: Calendar year refers to the period January 1 through December 31.

	Enter Calendar Year (e.g., 2000)	Enter Visa Type held while present in the U. S. during the listed calendar year	Enter Period(s) when you were physically present in the US during the listed calendar year. (List the dates below, for example, 01/01/99 – 12/31/99)	Number of days present in the U. S.	Have you taken any Treaty Benefits during the listed year? (Circle answer)
Last calendar year					Yes No
Two years ago					Yes No
Three years ago					Yes No
Four years ago					Yes No
Five years ago					Yes No
Six years ago					Yes No

Section C. TAX STATUS DETERMINATION

STEP 1: Complete the Substantial Presence Test (SPT) by completing the table below. For F, J, or M Visa holders please note the following:

For F, J, or M Student Visa holders: Do NOT count any days during your first 5 years in the United States in which you held a F, J, or M student visa.

For J or Q Non-Student Visa holders: Do NOT count any days during your first 2 years in the previous 6 years in the United States in which you held a J or Q Non-Student visa.

ENTER YEAR	ENTER TOTAL NUMBER OF DAYS PRESENT IN THE UNITED STATES FOR EACH YEAR (A)	RATIO (B)	CALCULATE TOTAL NUMBER OF DAYS TO COUNT FOR EACH YEAR (A x B)
Current Calendar Year _____		1	
Last Year _____		1/3	
Two Years Ago _____		1/6	
TOTAL # OF DAYS			

STEP 2: Please answer the following questions:

- A. Does the TOTAL NUMBER DAYS TO COUNT for the current calendar year equal to 31 days or more? YES NO
 B. Does the TOTAL # OF DAYS for all three years equal to 183 days or more? YES NO

STEP 3. Determine your tax status:

- If you marked YES to both questions A and B, then you passed the Substantial Presence Test and will be treated as a **RESIDENT ALIEN FOR TAX PURPOSES** for this calendar year. **Go to and sign Section E below.**
- If you marked NO to one or both questions, then you did not pass the Substantial Presence Test and will be treated as a **NONRESIDENT ALIEN FOR TAX PURPOSES** for this calendar year. **Go to Section D below.**

SECTION D. EXEMPTION FROM WITHHOLDING FOR THE NONRESIDENT ALIEN

A. All payments made to Nonresident Aliens are subject to U. S. federal tax withholding at a statutory rate of 30%. However, you may choose to claim an exemption from withholding or a reduced rate of withholding via a U. S. Tax Treaty if you meet the following requirements:

- You must be a resident of a country that has a tax treaty with the U. S. (Consult IRS Publication 901-U.S. Tax Treaties at <http://ftp.fedworld.gov/pub/irs-pdf/p901.pdf>). In addition, the tax treaty must have a treaty article applicable to the type of payment you will be receiving:
 - Scholarship or Fellowship Article* for Scholarship, Fellowship, Traineeship, and Stipend Payments.
 - OR
 - Independent Personal Services Article* for Fee for Services, Honoraria, and Reportable Travel Payments.
- You must meet all requirements regarding residency, time, and dollar limitations described in the tax treaty.
- You must have a Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN) in order to claim a treaty exemption.

B. Do you want to claim a treaty exemption from U. S. federal tax withholding? (Check one box only)

- YES.** I am a resident of a country that has a tax treaty with the U. S. and has an applicable tax treaty article. Therefore, I claim exemption from U. S. tax withholding via a U. S. Tax Treaty with _____, my country of residence. I have attached **one** of the following IRS Forms: (Consult IRS Website for Forms and Instructions at http://www.irs.ustreas.gov/prod/forms_pubs/index.html)
- IRS FORM 8233** for Fee for Services, Honoraria, and Reportable Travel Payments.
 - OR
 - IRS FORM W8-BEN** for Scholarship, Fellowship, Traineeship, Stipend, and Royalty Payments.
- NO.** I choose not to claim a treaty exemption from U.S. tax withholding, even though I am a resident of a country that has a tax treaty with the U. S. and an applicable treaty article. I understand taxes will be withheld at 30% or 14% (Scholarship, Fellowship, Traineeship, or Stipend)
- NO.** I cannot claim a treaty exemption from U. S. tax withholding because I do not meet the requirements stated in Part A above. I understand taxes will be withheld at 30% or 14% (Scholarship, Fellowship, Traineeship, or Stipend).

Section E. CERTIFICATION OF INFORMATION PROVIDED ON THIS FORM

Under penalties of perjury, I certify that the information entered above is correct; and if a reduced rate or exemption from tax applies, I further certify that I have complied with all tax treaty requirements to qualify for the reduced rate or exemption from tax. (For RA, IRS hasn't notified me of backup withholding.)

Signature: _____

Date: _____

Disbursing Office Use Only

Tax Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien		Vendor Code	
<input type="checkbox"/> Resident Alien for Tax Purposes (SPT Exp. 12/____) <input type="checkbox"/> Nonresident Alien			
Nonresident Withholding:		Expiration Date	
<input type="checkbox"/> Statutory Rate of 30%	Form 8233 _____	1099/1042 & WH Ind:	
<input type="checkbox"/> Reduced Rate of 14% or _____%	Form W8-BEN _____	Initials	Date Initialed
<input type="checkbox"/> Exempt	Form W-9 _____		