Limited Engagement Agreement Services within U.S. - Nonresident Aliens



University of Pennsylvania

Today's Date:

Service Provider Information			
Legal Name of Individual			
Permanent residence/address (street, a	pt. or suite no., or rural route)		
City or town, state or province. Includ	e postal code where appropriate.	Country	T
Email		Phone Number	
Information and Documentation	n Requirements		
	REQUIRED: W-8BEN and copies of Pass		
<u>Tax Residency Status</u>			
		-	
DID YOU PAY TAXES AS A RESIDEN	PRIOR TO THIS U.S. VISIT? T OF THAT COUNTRY? YES O N T COUNTRY END PRIOR TO THIS VISI		O NO O
DID YOU PAY TAXES AS A RESIDEN DID YOUR TAX RESIDENCY IN THAT	T OF THAT COUNTRY? YES 🔘 N	T TO THE U.S.? YES 🅻	
DID YOUR TAX RESIDENCY IN THAT	T OF THAT COUNTRY? YES \bigcirc N COUNTRY END PRIOR TO THIS VISI	T TO THE U.S.? YES 🅻	
DID YOU PAY TAXES AS A RESIDEN DID YOUR TAX RESIDENCY IN THAT IF YES, DATE THAT TAX RESIDENCY Immigration Status	T OF THAT COUNTRY? YES \bigcirc N COUNTRY END PRIOR TO THIS VISI	Г ТО ТНЕ U.S.? YES (
DID YOU PAY TAXES AS A RESIDEN DID YOUR TAX RESIDENCY IN THAT IF YES, DATE THAT TAX RESIDENCY Immigration Status VISA type:	T OF THAT COUNTRY? YES O N COUNTRY END PRIOR TO THIS VISI ENDED	Г ТО ТНЕ U.S.? YES (
DID YOU PAY TAXES AS A RESIDEN DID YOUR TAX RESIDENCY IN THAT IF YES, DATE THAT TAX RESIDENCY <u>Immigration Status</u> VISA type: Have you ever had another immigration st	T OF THAT COUNTRY? YES O N T COUNTRY END PRIOR TO THIS VISI Y ENDED Issue Date: atus in the U.S.? YES O NOO	Г ТО ТНЕ U.S.? YES (
DID YOU PAY TAXES AS A RESIDEN DID YOUR TAX RESIDENCY IN THAT IF YES, DATE THAT TAX RESIDENCY Immigration Status VISA type:	T OF THAT COUNTRY? YES O N COUNTRY END PRIOR TO THIS VISI PRIOR TO THIS VISI Issue Date: 	г то тне U.S.? YES (piration Date:
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A Limited Engagement Fee is a payment to an individual (non-employee, non-student) for providing a service of an academic nature, short duration, and/or low dollar amount (\$1,000 or less per transaction; \$5,000 per year max). This is intended for guest speakers,

3. LOCATION OF SERVICES:

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- 5. **SERVICE PROVIDER: Individual** will be participating in the Engagement as an individual service provider and not as an employee of the University.
- 6. SERVICE PROVIDER attests they are <u>not an enrolled student or an employee of the</u> <u>University of Pennsylvania, Health System, or any of its affiliates.</u>

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed by their respective authorized representatives as of the date first set forth above. I hereby certify that all of the above information is COMPLETE, TRUE, and CORRECT to the best of my knowledge. I understand that if my status changes from that which I have indicated on this form, I must submit a new Limited Engagement Agreement Form."

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Signatures

S	rvice Provider		
	Print Name	Title	
	Date	Signature	

Compliance Specialist Approval for The Trustees of the University of Pennsylvania

Print Name	
Date	Signature