



Form 8233 Attachment

## Teacher

### Commonwealth of Independent States

(Armenia, Azerbaijan, Belarus, Georgia, Kyrgyzstan, Moldova, Tajikistan, Turkmenistan, Uzbekistan)

I was a resident of \_\_\_\_\_ [**insert name of C.I.S. member**]. 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 a governmental agency or institution in the United States, or by an educational or scientific research institution in the United States, to come to the United States for the purpose of teaching, engaging in research, or participating in scientific, technical, or professional conferences at the Oregon University System, 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.

Any research I perform will not be undertaken primarily for the benefit of a private person or commercial enterprise of the United States or a foreign trade organization of \_\_\_\_\_ [**insert name of C.I.S. member**], unless the research is conducted on the basis of intergovernmental agreements on cooperations.

The teaching, research or conference compensation received during the entire tax year (or during the period from \_\_\_\_\_ to \_\_\_\_\_) qualifies for exemption from withholding of federal tax under the tax treaty between the United States and the former United Soviet Socialist Republics. I have not claimed an income tax exemption for income received as a teacher, conference participant, researcher, or student before the date specified in the next paragraph.

I arrived in the United States on \_\_\_\_\_ [**insert the date of your last arrival in the United States before beginning teaching, or research services for which exemption is claimed**]. The treaty exemption is available only for compensation received during a period of two years beginning on that date.

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Please Print

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
AM, AJ, BO, GG, KG, MD, TI, TX, UZ