



UNIVERSITY OF MARYLAND

AFFIDAVIT OF COMPLIANCE

Concerning: _____
 (Nonresident alien's name)

Temporary Number Assigned: _____

I, the undersigned, on behalf of the University of Maryland, have complied with Treasury Regulation Section 301.6109 (c), regarding taxpayer identification numbers. Although requests have been made, the above nonresident alien has not provided the University of Maryland, Baltimore with a valid taxpayer identification number (Social Security Number or Individual Taxpayer Identification Number).

 (Signature of DEPARTMENT'S payroll representative)

 (Date)

Required attachments:

- Receipt from Social Security Administration (Employee)
- Form W-7 (Non-employee)
- Notarized Copy of Passport

Saratoga Street Garage and Offices • 220 Arch Street, Office Level 2 • Baltimore, Maryland 21201-1531
 410 706 7776 • 410 706 2944 *Office fax*

Accounts Payable
 410 706 2931
 410 706 3429 *fax*

Microsystems
 410 706 2924
 410 706 5244 *fax*

Payroll/Travel/Working Fund
 410 706 1243
 410 706 2941 *fax*

Quality Assurance
 410 706 6554
 410 706 2939 *fax*

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 410 706 6129
 410 706 2902 *fax*