

**Attachment to IRS Form 8233  
Residents of Hungary**

Exemption From Withholding On Compensation For Independent Personal Services Of A Nonresident  
Alien Teacher and/or Researcher

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Name:

Social Security Number:

Permanent Address:

Local Address:

- =====  
1) I was a resident of Hungary on the date of my arrival in the United States. I am not a U.S. citizen. I have not been lawfully accorded the privilege of residing permanently in the United States as an immigrant.
- 2) I have accepted an invitation by the U.S. Government, or by a university or other recognized educational institution in the United States, to come to the United States for a period not expected to exceed two years for the purpose of teaching or engaging in research at Michigan Technological University, which is a recognized educational institution. I will receive compensation for my teaching or research activities.
- 3) The teaching or research compensation received during the entire taxable year or for the portion of the year from \_\_\_\_\_ to \_\_\_\_\_ qualifies for exemption from withholding of federal tax under the tax treaty between the United States and Hungary. I have not previously claimed an income tax exemption under this treaty for income received as a teacher, researcher, or student before the date of my arrival in the United States.
- 4) Any research I perform will be undertaken in the public interest and not primarily for the private benefit of a specific person or persons.
- 5) I arrived in The United States on \_\_\_\_\_ (insert the date of your last arrival in the United States before beginning your teaching, or research services for which the exemption is claimed). The treaty exemption is available only for compensation received during a period of two years beginning on that date.

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Under penalties of perjury, I declare that I have examined these statements and, to the best of my knowledge and belief, they are true, correct, and complete.

\_\_\_\_\_  
Signature of Nonresident Alien Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date