

## Statement of Certification of Application for Social Security Number

Please check the box that applies and complete the fields below:

As an employee receiving wages from the University of Illinois, I understand I must apply for a Social Security Number (SSN). I will apply for a SSN as soon as allowable, or have already applied, and I will provide the University with proof of my SSN as soon as I receive this information.

I understand the university is required to withhold all applicable federal and state income taxes, State University Retirement System withholding, if applicable, and Federal Insurance Contributions Act (FICA) tax, if applicable. I understand I am not eligible to receive tax treaty exemption benefits, if any, until I provide my SSN.

I understand if any of the following situations apply, I am NOT eligible to apply for a Social Security Number:

- Receiving fellowship earnings only, and not wages
- Receiving Foreign Source Income (FSI)
- Hold only a 0%/unpaid position

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
UIN

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### UNIVERSITY PAYROLL & BENEFITS

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