

Tax Liability Determination Form for Non-Degree Candidates

1. Fellow's Name: _____

2. ASF Award Payment: \$ _____

3. Calculate 14% of amount in line 2. **THIS IS YOUR TAX LIABILITY:**

\$ _____

4. Subtract line 3 from line 2. **THIS IS YOUR AWARD PAYMENT:**

\$ _____

Signature: _____ Date: _____

Social Security # / ITIN: _____

Visa Category: _____