

**Nonresident Individuals Performing Personal Services in Nebraska**  
Including Payments Made to Entities Where the Individual  
Owners Are Performing the Personal Services

• Payor and Payee Statement that Nebraska Withholding for Personal Services does not apply.

Payor's Name and Location Address			Payee's Name and Location Address		
Name of Nebraska Payor			Payee's First Name and Initial		Last Name
Address (Number and Street, or Rural Route and Box Number)			Address (Number and Street, or Rural Route and Box Number)		
City, Town, or Post Office	State	Zip Code	City, Town, or Post Office	State	Zip Code

Pursuant to [Neb. Rev. Stat. § 77-2753](#), nonresident **individuals** or **entities**, paid by a business entity or an individual to perform personal services in Nebraska, are also subject to Nebraska income tax withholding when:

1. Payment is made to a nonresident individual who is not subject to federal income tax withholding under the Internal Revenue Code (IRC) as an employee; OR  
Payments are made to an entity and at least 80% of the stock or other controlling interest of the entity is owned by the shareholders, partners, or members who are the individuals performing the personal services; **AND**
2. The payor maintains an office or transacts business in Nebraska and the payments exceed \$600; OR  
The payments exceed \$5,000.

**Contract Information**  
If there is no formal contract, provide service agreement information.

Contract Number	Date Project
	Begins: _____ Ends: _____
Contract Description	

I declare that Nebraska Income Tax Withholding does not apply to payments for personal services made pursuant to the contract or agreement referenced above because one or more of the following conditions apply:

- No essential services or activities are required to be performed in Nebraska **AND** the services or activities required to complete the project will be performed predominantly in a state other than Nebraska.
- Payment will be made to an entity, but the personal services are **not** performed by shareholders, partners, or members who are individuals representing at least 80% of the stock or other controlling interest of the entity.

Note: The entity receiving payment must withhold Nebraska income taxes on wages earned in Nebraska by the employees who actually perform the personal services in Nebraska.

- Payment will be made to a nonresident construction contractor or custom harvester furnishing capital that is a material income-producing factor. Capital is considered a material income-producing factor when the value of the capital furnished, or the value of the use of the capital, is more than 50% of the amount of the payment to the nonresident.
- The payee is a construction contractor and payment is being made to its subcontractor who is registered in the Nebraska Contractor Database. If the subcontractor is not registered in the Database, all payments are subject to income tax withholding at a rate of 5% per Neb. Rev. Stat. § 77-2753(3).
- Payment will be made to a nonresident alien whose country has a tax treaty with the U.S. A written statement must be attached to this form from the nonresident alien certifying the existence of a treaty which exempts U.S. income earned by the nonresident alien from federal or state income tax.
- Payment is made to a booking agent. Typically, when this occurs, the booking agent that actually books the persons performing the personal services must withhold under Neb. Rev. Stat. § 77-2753. See the information guide Income Tax Withholding For Nonresident Individuals Performing Personal Services in Nebraska.

This form is not valid unless signed by the payor and payee or their authorized agent.

I, the Payee (or authorized agent, if applicable) declare under penalties of law that I have examined this form, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge. The payor's (or authorized agent, if applicable) signature on this document indicates acceptance in good faith. If the information above is not correct and payor accepted this document in good faith, all assessments by the Department will be made against the payee unless the terms or circumstances of the engagement materially change.

**sign here** ▶

\_\_\_\_\_  
Signature of Payee or Authorized Agent

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Firm's Name, Address, and Zip Code

▶ \_\_\_\_\_  
Signature of Payor or Authorized Agent

\_\_\_\_\_  
Daytime Phone Number