



ATTESTATION FORM FOR CLAIMING
EXEMPTION/REDUCTION IN WITHHOLDING FOR
PERFORMANCES/LECTURES
HELD IN MASSACHUSETTS

Accounts Payable University Financial Services

TO BE COMPLETED AND SIGNED BY THE
INDIVIDUAL OR ENTITY TO BE PAID

Name of Individual or Entity to be Paid:* _____
Supplier Name

Date(s) of Event:* _____

Location of Event:* _____, Massachusetts
City

Title of Event:* _____

Request or Payment Number (if known): _____

Individuals or entities who earn income connected with a performance held in Massachusetts may be subject to withholding on that income at the current Massachusetts income tax rate unless they meet an exemption or reduction of the MA withholding based on one of the criteria listed below. See [A Guide to Withholding Taxes on Performers and Performing Entities](#) for information on reasons the withholding amount may be reduced.

Select one of the boxes below*:

- I have filed a [Notice of Withholding Waiver \(Form PWH-WW\)](#) [to waive withholding] with the Massachusetts Department of Revenue(DOR) more than ten days prior to the date of the event **or** have attached a Notice of Withholding Waiver granted by the State.
- I have filed a [Notice of Allowable Deductions \(Form PWH-RW\)](#) [to reduce the payment amount on which withholding is calculated by any expense reimbursement portion of the payment] with the Massachusetts Department of Revenue (DOR) more than ten days prior to the date of the event **or** have attached a Notice of Allowable Deductions granted by the State.

Note: Withholding can be adjusted by the University only after the DOR grants the waiver or reduction in the withholding base for allowable expenses and Harvard has received appropriate documentation from the DOR.

Attestation: I understand that the University must make every effort to comply with the Massachusetts state tax laws and may be audited by the Massachusetts Department of Revenue to ensure compliance.

Supplier Signature*: _____ Date: _____

Print Name*: _____

* Required Field