

FOREIGN NATIONAL INFORMATION FORM (page 1)

The Foreign National Information Form must be completed before you can receive any kind of payment.

All applicable questions below must be answered. A copy of both sides of your I-94 Form "Arrival and Departure Record," copy of your U.S. Visa from your passport, and I-20 or IAP66 must be attached to this form. This form must be returned before any check can be issued by the Payroll or Accounts Payable Department and must also be completed by anyone receiving tuition remission/scholarship.

(1) Last or Family Name: _____ First: _____ Middle: _____

(2) Social Security #: _____ Employee ID: _____

(4) **US LOCAL STREET ADDRESS:** _____

 (4) Address Line 2: _____
 (4) Address Line 3: _____
 (4) City: _____
 (4) State: _____ Zip: _____

(5) **FOREIGN RESIDENCE ADDRESS:** _____

 (5) Address Line 2: _____
 (5) Address Line 3/City: _____
 (5) Postal Code: _____ Province/Region: _____
 (5) Foreign Country: _____

(6) Country of Citizenship: _____ (7) Country that Issued Passport: _____

(8) Passport #: _____ (9) Visa #: _____

(10) Have you ever had another immigration status in the U.S.? Yes No If yes, see page 2.

(11) **IMMIGRATION STATUS:**
 U.S. Immigrant/Permanent Resident F-1 Student
 J-1 Exchange Visitor H-1 Temporary Employee
 J-2 Spouse or Child of Exchange Visitor Other: _____

(12) **IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? CHECK ONE:**
 01 Student Research Scholar
 02 Short Term Scholar Other: _____
 03 Professor

(13) **WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? CHECK ONE:**
 Studying in a Degree Program Lecturing Conducting Research Clinical Activities
 Studying in a Non-Degree Program Observing Training Temporary Employee
 Teaching Consulting Demonstrating Special Skills Here with Spouse
 Other: _____

(14) **WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES?**
 ____/____/____
 month day year

(15) **WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?**
 ____/____/____
 month day year

(16) **WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION PRIMARY ACTIVITY?**
 ____/____/____
 month day year

(17) **INCOME PROVIDING ACTIVITY (e.g., professor of chemistry)**

(18) **WHAT TYPE OF STUDENT?**
 Undergraduate
 Masters
 Doctoral
 Other: _____

(19) **SPOUSE IN U.S.A?**
 Yes No
 Number of Dependents: _____

(20) **FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS:**
 Do you/will you have an office (fixed base) in the USA?
 Yes No If yes, how many days in this tax year did you/will you have an office? _____ days

(21) **COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS:**
 Did tax residency end? Yes No
 If yes, when? ____/____/____
 month day year

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this Form I must submit a new Foreign National Form to the Payroll Department.

Signature: _____ Local Phone Number: (____) _____ Date: _____

FOREIGN NATIONAL INFORMATION FORM (page 2)

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LIST ANY VISA IMMIGRATION ACTIVITY IN THE LAST THREE CALENDAR YEARS AND ALL F, J, M OR Q VISAS SINCE 01/01/85:

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Any Treaty Benefits?	
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VISA IMMIGRATION STATUS:

- U.S. Immigrant/Permanent Resident
- J-1 Exchange Visitor
- J-2 Spouse or Child of Exchange Visitor
- F-1 Student
- H-1 Temporary Employee
- Other: _____

J-1 SUBTYPE:

- 01 Student
- 02 Short Term Scholar
- 03 Professor
- Research Scholar
- Other: _____

PRIMARY ACTIVITY:

- Studying in a Degree Program
- Studying in a Non-Degree Program
- Teaching
- Other: _____
- Lecturing
- Observing
- Consulting
- Conducting Research
- Training
- Demonstrating Special Skills
- Clinical Activities
- Temporary Employee
- Here with Spouse

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this Form, I must submit a new Foreign National Form to the Payroll Department.

Signature: _____ Local Phone Number: (____)_____ Date: _____

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM:

1. Name: List full name
2. Social Security Number: Enter U.S. Social Security Number issued by the U.S. Social Security Administration. All employees must have a social security number in order to work. If none, enter your ITIN issued by the IRS.
3. ID#: Enter your Employee/Student/Faculty Identification number
4. Local Street Address: List your local U.S. address
5. Residence: List your non-U.S. address
6. Country of Citizenship(s)
7. Country that Issued Passport: List country in which you were issued your passport.
8. Passport #: Enter your passport number
9. Visa#: Enter your Visa number
10. Immigration Status: Check yes or no. If yes, complete the form for the time you were present in the U.S. Approximate if you don't know.
11. Immigration Stats: Check the type of immigration status that you Currently hold. If you check Immigrant/Permanent Resident, holder of a "green card," you may proceed to bottom of form. Sign and date.
12. Immigration Status for J-1: Check appropriate J-1 subtype.
13. Actual Primary Activity: Check one activity.
14. Actual Entry Date into the U.S.: Must include month, day, and year. Approximate if you don't know.
15. Start date: Must include month, day, and year. Approximate if you don't know.
16. End Date: Must include month, day, and year. Approximate if you don't know.
17. Occupation: Describe in general the service you will perform
18. Check the appropriate box.
19. Is your spouse in the U.S.? Check the appropriate box. Give number of other dependents in the U.S.
20. Consultants/Self-Employed Individuals: Check the appropriate box. This includes any office at the location specifically identified with you.
21. Tax residence is where you last paid as a resident and can be different from legal residence. Do not include the U.S.