

FOREIGN NATIONAL INFORMATION FORM (PAGE 1)

The Foreign National Information Form must be completed before you can receive any form of payment. All applicable questions below must be answered. A copy of both sides of your I-94 Form "Arrival and Departure Record", (a small white card inside your passport), copy of your U.S. VISA from your passport, and 1-20 or IAP66 must be attached to this form, if applicable. 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 #: _____ (3) ID #: _____

(4) U. S. LOCAL STREET ADDRESS: _____ (5) FOREIGN RESIDENCE ADDRESS: _____

(4) Address Line 2: _____ (5) Address Line 2: _____

(4) Address Line 3: _____ (5) Address Line 3/City: _____

(4) City: _____ (5) Postal Code: _____ Province/Region: _____

(4) State: _____ Zip: _____ (5) Foreign Country: _____

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

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

(not the control number that begins with a year)

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

(11) IMMIGRATION STATUS:

o U.S. Immigrant/Permanent Resident Visitor

o F-1 Student

o J-2 Spouse or Child of Exchange

o J-1 Exchange Visitor

o H-1 Temporary Employee

o Other: _____

(12) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? CHECK ONE:

o 01 Student

o 05 Professor

o 12 Research Scholar

o 02 Short Term Scholar

o Other: _____

(13) WHAT IS THE ACTUAL PRIMARY PURPOSE OF THE VISIT? CHECK ONE:

o 01 Studying in a Degree Program

o 05 Observing

o 09 Demonstrating Special Skills

o 02 Studying in a Non-Degree Program

o 06 Consulting

o 10 Clinical Activities

o 03 Teaching

o 07 Conducting Research

o 11 Temporary Employee

o 04 Lecturing

o 08 Training

o 12 Here with Spouse

(14) WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES FOR THIS PRIMARY PURPOSE?:

____/____/____
Month Day Year

(15) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS

____/____/____
Month Day Year

(16) WHAT IS THE END DATE OF YOUR IMMIGRATION STATUS PRIMARY PURPOSE?:

____/____/____
Month Day Year

(17) INCOME PROVIDING ACTIVITY (e.g. PROFESSOR OF CHEMISTRY?): _____

(18) WHAT TYPE STUDENT?:

o Undergraduate

o Masters

o Doctoral

o Other _____

(19) MARRIED

SPOUSE IN USA?:

o Yes o No

o Yes o No

Number of dependents _____

(20) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS:

Do you/will you have an office (fixed base) in the USA?

o Yes o No If yes, how many days in this tax year did you/will you have office (fixed base)? _____

Days

(21) COUNTRY OF RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS:

Did tax residency end? o Yes o 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 Information Form to the Payroll Department.

Signature: _____ Local Phone Number: _____ Date: _____

FOREIGN NATIONAL INFORMATION FORM (PAGE 2)

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PLEASE LIST ANY VISA IMMIGRATION ACTIVITY IN LAST THREE CALENDAR YEARS AND ALL F,J,M OR Q VISAS SINCE 1/1/85:

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Purpose	Have You Taken Any Treaty Benefits	
___/___/___	___/___/___	_____	_____	_____	q Yes	q No
___/___/___	___/___/___	_____	_____	_____	q Yes	q No
___/___/___	___/___/___	_____	_____	_____	q Yes	q No
___/___/___	___/___/___	_____	_____	_____	q Yes	q No
___/___/___	___/___/___	_____	_____	_____	q Yes	q No
___/___/___	___/___/___	_____	_____	_____	q Yes	q No
___/___/___	___/___/___	_____	_____	_____	q Yes	q No
___/___/___	___/___/___	_____	_____	_____	q Yes	q No
___/___/___	___/___/___	_____	_____	_____	q Yes	q No
___/___/___	___/___/___	_____	_____	_____	q Yes	q No

VISA IMMIGRATION STATUS:

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

PRIMARY PURPOSE:

- 01 Studying in a degree program
- 02 Studying in a Non-Degree program
- 03 Teaching
- 04 Lecturing
- 09 Demonstrating Special Skills
- 10 Clinical Activities
- 11 Temporary Employee
- 12 Here with Spouse
- 05 Observing
- 06 Consulting
- 07 Conducting Research
- 08 Training
- 99 Other, please specify: _____

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 Information Form to the Payroll Department.

Signature: _____ Date: _____

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM:

1. Name: List full name.
2. Social Security Number: Enter US social security number issued by the US Social Security Administration not your ID number. Do not list numbers not assigned by the United States Social Security, i.e. Canadian social security number. 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 US address.
5. Residence: List your non US address.
6. Country of Citizenship(s)
7. Country that Issued Passport: List Country in which you were issued your passport. Not the country where it was issued.
8. Passport #: Enter your passport number.
9. Visa #: Enter your Visa number.
10. Immigration Status: Check yes or no. If yes, complete the above form for the time you were present in the United States. Approximate if you do not know.
11. Immigration Status: Check the type of immigration status that you currently hold. If you check U.S. Immigrant/Permanent Resident, holder of a "green" card, you may proceed to the bottom of the form. Sign and date.
12. Immigration Status for J-1: Check the appropriate J-1 subtype.
13. Actual Primary Activity: Check one activity.
14. Actual Entry Date into the United States: Must include month, day, and year. Approximate if you do not know.
15. Start Date: Must include month, day, and year. Approximate if you do not know.
16. End Date: Must include month, day, and year. Approximate if you do not know.
17. Occupation: Describe in general the service you will perform.
18. Check the appropriate box.
19. Is your spouse in USA?: Check the appropriate box. Give number of other dependents in the USA?
20. Consultants/Self-employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you.
21. Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.