

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 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 #: _____ (3) ID #: _____

(4) U.S. 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) Date of Birth _____ Country of Birth _____ City of Birth _____ Male _____ Female _____

(7) Country of Citizenship: _____ (8) Country that issued Passport _____

(9) Passport #: _____ Expiration Date _____ (10) Visa # _____ Expiration Date _____
(not the control number that begins with a year)

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

(12) IMMIGRATION STATUS:

☐ U.S. Immigrant/Permanent Resident ☐ F-1 Student ☐ J-2 Spouse or Child or Exchange Visitor

☐ J-1 Exchange Visitor ☐ H-1 Temporary Employee

Other: _____

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

☐ 01 Student ☐ 05 Professor ☐ 12 Research Scholar

☐ 02 Short Term Scholar ☐ Other: _____

(14) WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? CHECK ONE:

☐ 01 Studying in a Degree Program ☐ 05 Observing ☐ 09 Demonstrating Special Skills

☐ 02 Studying in a Non-Degree Program ☐ 06 Consulting ☐ 10 Clinical Activities

☐ 03 Teaching ☐ 07 Conducting Research ☐ 11 Temporary Employment

☐ 04 Lecturing ☐ 08 Training ☐ 12 Here with Spouse

(15) WHAT IS ACTUAL DATE YOU ENTERED THE UNITED STATES?:

____/____/____
Month Day Year

(16) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?:

____/____/____
Month Day Year

(17) WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY?:

____/____/____
Month Day Year

(18) INCOME PROVIDING ACTIVITY (e.g. PROFESSOR OF CHEMISTRY)?

(19) WHAT TYPE OF STUDENT?:

☐ Undergraduate ☐ Masters
☐ Doctoral ☐ Other

(20) SPOUSE IN USA?:

☐ Yes ☐ No

Number of dependents _____

(21) 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 office (fixed base)? _____

Days

(22) 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 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 Activity	Have You Taken 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
____/____/____	____/____/____	_____	_____	_____	<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"/> U.S. Immigrant/Permanent Resident <input type="checkbox"/> J-1 Exchange Visitor <input type="checkbox"/> Other: _____	VISA IMMIGRATION STATUS: <input type="checkbox"/> F-1 Student <input type="checkbox"/> H-1 Temporary Employee	<input type="checkbox"/> J-2 Spouse or child of Exchange Visitor
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<input type="checkbox"/> 01 Student <input type="checkbox"/> Short term scholar	J-1 SUBTYPE: <input type="checkbox"/> 05 Professor <input type="checkbox"/> Other: _____	<input type="checkbox"/> 12 Research Scholar
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<input type="checkbox"/> 01 Studying in a degree program <input type="checkbox"/> 02 Studying in a Non-Degree program <input type="checkbox"/> 03 Teaching <input type="checkbox"/> 04 Lecturing <input type="checkbox"/> 99 Other, please specify: _____	PRIMARY ACTIVITY: <input type="checkbox"/> 05 Observing <input type="checkbox"/> 06 Consulting <input type="checkbox"/> 07 Conducting Research <input type="checkbox"/> 08 Training	<input type="checkbox"/> 09 Demonstrating Special Skills <input type="checkbox"/> 10 Clinical Activities <input type="checkbox"/> 11 Temporary Employee <input type="checkbox"/> 12 Here with Spouse
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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 U.S. 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 U.S. address.
5. Residence: List your non US address.
6. Date of Birth, City and Country of Birth.
7. Country of Citizenship(s).
8. Country that Issued Passport: List Country in which you were issued your passport. Not the country where it was issued.
9. Passport #: Enter your passport number.
10. Visa #: Enter your Visa number.
11. 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 don't know.
12. 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.
13. Immigration Status for J-1: Check the appropriate J-1 subtype.
14. Actual Primary Activity: Check one activity.
15. Actual Entry Date into the United States. Must include month, day, and year. Approximate if you don't know. (I-94)
16. Start Date: Must include month, day, and year. Approximate if you don't know. (I-20 or DS-2019 (formerly IAP-66))
17. End Date: Must include month, day, and year. Approximate if you don't know. (I-20 or DS-2019 (formerly IAP-66))
18. Occupation: Describe in general the service you will perform.
19. Check the appropriate box.
20. Is your spouse in the USA? Check the appropriate box. Give number of other dependents in the USA.
21. Consultants/Self-employed individuals. Check the appropriate box. This includes any office at any location specifically identified with you.
22. Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.

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