

**FOREIGN NATIONAL INFORMATION FORM**

The Foreign National Information Form **MUST be completed and returned before you can receive any form of payment.**

Attach a copy of: both sides of your 1-94 Form, your US VISA, the picture page of your passport, and an 1-20 or DS2019 form.

**Instructions on reverse.**

(1) Last or Family Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

(2) Social Security # \_\_\_\_\_ (3) ID #: \_\_\_\_\_

**(4) U.S. LOCAL ADDRESS:**

(4) \_\_\_\_\_

(4) \_\_\_\_\_

(4) \_\_\_\_\_

(4) City: \_\_\_\_\_

(4) State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**(5) FOREIGN RESIDENCE ADDRESS:**

(5) Address line 1: \_\_\_\_\_

(5) Address line 2: \_\_\_\_\_

(5) Address line 3/City: \_\_\_\_\_

(5) Postal Code: \_\_\_\_\_ Province/Region: \_\_\_\_\_

(5) Foreign County: \_\_\_\_\_

(6) Country of Citizenship: \_\_\_\_\_ (7) County that Issued Your Passport: \_\_\_\_\_

(8) Passport #: \_\_\_\_\_ (9) Visa #: \_\_\_\_\_

(not the Control # that begins with a year)

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

**(11) IMMIGRATION STATUS:**

F-1 Student

J-2 Spouse or Child of Exchange Visitor

J-1 Exchange Visitor – Sub Code:

01 Student

05 Professor

12 Research Scholar

02 Short Term Scholar

Other \_\_\_\_\_

H-1 Temporary Employee

Other \_\_\_\_\_

**(13) WHAT IS THE PRIMARY ACTIVITY OF THE VISIT?**

<input type="checkbox"/> 01 Studying in a Degree Program	<input type="checkbox"/> 07 Conducting Research
<input type="checkbox"/> 02 Studying in a Non-Degree Program	<input type="checkbox"/> 08 Training
<input type="checkbox"/> 03 Teaching	<input type="checkbox"/> 09 Demonstrating Special Skills
<input type="checkbox"/> 04 Lecturing	<input type="checkbox"/> 10 Clinical Activities
<input type="checkbox"/> 05 Observing	<input type="checkbox"/> 11 Temporary Employee
<input type="checkbox"/> 06 Consulting	<input type="checkbox"/> 12 Here with Spouse

**(14) WHAT IS THE START DATE OF YOUR CURRENT IMMIGRATION STATUS?**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**(15) WHAT IS THE ACTUAL DATE YOU ENTERED THE U.S.A. ON THIS VISIT?**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**(16) WHAT IS THE PROJECTED END DATE OF YOUR CURRENT IMMIGRATION STATUS?**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**(17) INCOME PROVIDING ACTIVITY (Job Title)?**

\_\_\_\_\_

**(18) IF A STUDENT, WHAT TYPE?**

Undergraduate  Masters

Doctoral  Other \_\_\_\_\_

**(19) SPOUSE IN U.S.A.?**

Yes No

No. of dependents \_\_\_\_\_

**(20) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS:**

Do you/will you have an office (fixed base) in the U.S.A.?

Yes No If yes, how many days in this tax year will you have the office (fixed base?) No. of Days: \_\_\_\_\_

**(21) COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS: \_\_\_\_\_**

Did tax residency end? Yes No If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

## FOREIGN NATIONAL INFORMATION FORM

The Foreign National Information Form MUST be completed and returned before you can receive any form of payment.

Please list ALL United States Visa activity you have ever had:					Have you taken any Treaty Benefits?
Date of Entry (Month / Day/Year)	Date of Exit (Month / Day/Year)	Visa Immigration Status	If J-1, Subtype	Primary Activity	Yes No
___/___/___	___/___/___	_____	_____	_____	Yes No
___/___/___	___/___/___	_____	_____	_____	Yes No
___/___/___	___/___/___	_____	_____	_____	Yes No
___/___/___	___/___/___	_____	_____	_____	Yes No
___/___/___	___/___/___	_____	_____	_____	Yes No
___/___/___	___/___/___	_____	_____	_____	Yes No
___/___/___	___/___/___	_____	_____	_____	Yes No
___/___/___	___/___/___	_____	_____	_____	Yes No

*Reference information for the above table:*

SAMPLE IMMIGRATION STATUS:	SAMPLE J-1 SUBTYPES:	PRIMARY ACTIVITIES:
F-1 Student H-1 Temporary Employee J-1 Exchange Visitor J-2 Spouse or Child of Exchange Visitor	01 Student 02 Short Term Scholar 05 Professor 12 Research Scholar	01 Studying in Degree Program 02 Studying in Non-Degree Program 03 Teaching 04 Lecturing 05 Observing 06 Consulting 07 Conducting Research 08 Training 09 Demonstrating Special Skills 10 Clinical Activities 11 Temporary Employee 12 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 Information Form to the Payroll Manager.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### INSTRUCTIONS FOR 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. Do not list numbers not assigned by US Social Security, i.e. Canadian social security numbers. If none, enter your TIN issued by IRS. If SSN not yet available, attach proof that you have applied.
3. ID# - not necessary from visiting artists.
4. Local Street Address: The address where you are living in the US. Do NOT use your department.
5. Residence: List your non-US address.
6. Country of Citizenship(s).
7. Country that issued your passport.
8. Passport #: Enter your Passport Number.
9. Enter your Visa # - **Not** the Control # that begins with a year.
10. Immigration Status - previous. Check Yes or No. If yes, complete table above. Approximate dates if you're not sure.
11. Immigration Status: Check the type of immigration status that you currently hold.
12. Visa Status for J-1: Check the appropriate J-1 subtype.
13. Actual Primary Activity: Check ONE activity only.
14. Start Date: MUST include month, day, year in that order. Approximate if you're not sure.
15. Actual Entry Date in the United States: MUST include month, day, year in that order. Approximate if you're not sure.
16. End Date: MUST include month, day, year in that order. Approximate if you're not sure.
17. Occupation: Describe in general the service you will perform.
18. Student Type: If applicable, check appropriate box.
19. Is your spouse in the USA? Check the appropriate box. Give number of other dependents in the USA, too.
20. Consultants / Self-employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you.
21. Tax Residence: List country where you last paid taxes as a resident. This CAN be different from your legal residence. Do NOT include the USA.