

FOREIGN NATIONAL INFORMATION FORM

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

All applicable question below must be answered. You will need to come in to the Payroll Department with this form completed, along with your U.S Visa from your passport, I-94"Arrival and Departure Record", and I-20 or IAP66.

1. Last or Family Name: _____ First: _____ Middle: _____

2. Social Security #: _____ 3. Id #: _____

4. Date of Birth: ____/____/____ 5. Home phone #: (____) _____ - _____ 6. E-mail Address _____

<p>7. U.S Local Street Address: _____ _____ Address line 2: _____ City: _____ State: _____ Zip code: _____</p>	<p>8. Foreign Street Address: _____ _____ Address line 2: _____ City: _____ Postal code: _____ Province/Region: _____ Foreign Country: _____</p>
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9. Country of Citizenship: _____ 10. Country that issued Passport: _____

11. Passport # : _____ 12. Visa # : _____

13. Have you ever had another immigration status in the United States Yes No

14. Income from Employment Yes No 15 Income from Scholarship Yes No

16. Immigration Status	
<input type="checkbox"/> U.S Immigrant/ permanent Resident	<input type="checkbox"/> F-1 Student
<input type="checkbox"/> J-1 Exchange Visitor	<input type="checkbox"/> H-1 Temporary Employee
<input type="checkbox"/> Other	<input type="checkbox"/> J-2 Spouse or Child of exchange Visitor

17. If Immigration Status is J-1, what is the subtype? Check one:		
<input type="checkbox"/> Student	<input type="checkbox"/> Professor	<input type="checkbox"/> Research Scholar
<input type="checkbox"/> Short term Scholar	<input type="checkbox"/> Other: _____	

18. What is the actual primary activity of the visit? Check one		
<input type="checkbox"/> Studying in a Degree Program	<input type="checkbox"/> Observing	<input type="checkbox"/> Demonstrating Special Skills
<input type="checkbox"/> Studying in a Non-Degree Program	<input type="checkbox"/> Consulting	<input type="checkbox"/> Clinical Activities
<input type="checkbox"/> Teaching	<input type="checkbox"/> Conducting Research	<input type="checkbox"/> Temporary Employment
<input type="checkbox"/> Lecturing	<input type="checkbox"/> Training	<input type="checkbox"/> Here with Spouse

19. What is the actual date you entered the United States? ____/____/____

20. What is the start date of your immigration status for this Primary Activity? ____/____/____

21. What is the projected end date of your immigration status Primary Activity? ____/____/____

22. Do you have a spouse in the U.S? Yes No

23. What type of student? Undergraduate Masters Doctoral

24. For consultants and self employed individuals: Do you or will you have an office (based) in the U.S?

Yes No If yes, how many days in this tax year did you or will you have the office? _____

25. Is your Country of tax Residence different from Foreign tax Residence address? Yes No

Please list any U.S Visa Immigration Activity				
Date of Entry	Date of Exit	Visa Immigration Status	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

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: _____ Date: _____

For Office Uses Only

Completed by : _____ Date : _____