

## FOREIGN NATIONAL INFORMATION FORM

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

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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

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

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

<b>18. What is the actual primary activity of the visit? Check one</b>		
<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: \_\_\_\_\_

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**For Office Uses Only**

Completed by : \_\_\_\_\_ Date : \_\_\_\_\_