

FOREIGN NATIONAL TAX INFORMATION FORM (PAGE 1)

The Foreign National Tax Information Form **MUST** be completed and returned to Donna Burroughs, 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, your US VISA from your passport, the picture page of your passport, and an I-20 or DS-2019 form and Social Security Card (if applicable) must be submitted with this form.

INSTRUCTIONS ARE ON REVERSE

(1) Last or Family Name _____ First _____ Middle _____

(2) Date of Birth _____ (3) Social Security # _____ (4) UNO ID # _____

(5) U.S. LOCAL ADDRESS:

City: _____ State: _____ Zip Code: _____

Phone: (W) _____ (H) _____

Email Address: _____

(6) FOREIGN RESIDENCE ADDRESS:

City: _____ Postal Code: _____

Province/Region _____ Foreign Country: _____

Phone: _____

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

(9) Passport #: _____ (10) Passport Expiration Date: _____ (11) Visa #: _____

(11a) SEVIS # _____

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

(13) IMMIGRATION STATUS

U.S. Immigrant / Permanent Alien

F-1 Student

J-2 Spouse or Child or Exchange Visitor

J-1 Exchange Visitor

H-1b Temporary Employee

TN-1 Trade NAFTA

Other _____

(16) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE?

01 Student

05 Professor

12 Research Scholar

02 Short Term Scholar

Other _____

(19) WHAT IS THE PRIMARY ACTIVITY OF THE VISIT?

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

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

_____/_____/_____
Month Day Year

(17) IF A STUDENT, WHAT TYPE?

Undergraduate Masters

Doctorate Other

(18) WHAT IS THE ACTUAL DATE YOU ENTERED IN U.S.A.?

_____/_____/_____
Month Day Year

(15) WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS FOR THIS ACTIVITY?

_____/_____/_____
Month Day Year

(20) INCOME PROVIDING ACTIVITY (e.g. Professor of Chemistry)?

(21) SPOUSE IN U.S.A.?

Yes No

No. of dependents _____

(22) 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: _____

(23) COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS: _____

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

FOREIGN NATIONAL TAX INFORMATION FORM (PAGE 2)

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HONORARIUM

Will the activity to receive the Honorarium last more than 9 days?

Yes No

Did you receive an Honorarium from more than 5 organizations in the prior 6 months?

Yes No

Is the activity to be performed a normal academic activity?

Yes No

PLEASE LIST ANY U.S. IMMIGRATION ACTIVITY IN LAST 3 CALENDAR YEARS and ALL F, J, M or Q Statuses since 1/1/85:

Date of Entry (Month / Day/Year)	Date of Exit (Month / Day/Year)	Immigration Status	If 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

Reference information for the above table:

SAMPLE IMMIGRATION STATUS:

U.S. Immigrant / Permanent Alien
 F-1 Student
 H-1 Temporary Employee
 J-1 Exchange Visitor
 J-2 Spouse/Child of Exchange Visitor
 TN-1 Trade NAFTA

SAMPLE J-1

SUBTYPES:

01 Student
 02 Short Term Scholar
 05 Professor
 12 Research Scholar

PRIMARY ACTIVITIES:

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 Tax Information Form to the _____.

Signature: _____ Date: _____

INSTRUCTIONS FOR THE FOREIGN NATIONAL TAX 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 ITIN issued by IRS. If SSN not yet available, attach proof of application for SSN or ITIN
3. UNO ID# - 7- digit UNO number
4. Local Street Address:
5. Foreign Residence: List your non-US address.
6. Country of Citizenship(s).
7. Country that issued the passport. List 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. Estimate if you don't know exact dates
11. Immigration Status: Check the type of immigration status that you currently hold. If you check US Immigrant/Permanent Resident, holder of a "green" card, you may proceed to the end of the form - simply sign and date above.
 11(a) SEVIS number - Number issued by the U S Dept of Homeland Security (located on US Visa) and Form I-2
12. Immigration 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. Estimate if you don't know.
15. Actual Entry Date in the United States: MUST include month, day, year in that order. Estimate if you don't know.
16. End Date: MUST include month, day, year in that order. Estimate if you don't know.
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.
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.
22. Only applicable to Consultants or Self Employed individuals in the US.
23. Foreign country for tax purposes only (if different from your home country)