

FOREIGN NATIONAL INFORMATION FORM (PAGE 2)

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

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

VISA IMMIGRATION STATUS:

- | | | |
|--|---|--|
| <input type="checkbox"/> U.S. Immigrant/Permanent Resident | <input type="checkbox"/> F-1 Student | <input type="checkbox"/> J-2 Spouse or child of Exchange Visitor |
| <input type="checkbox"/> J-1 Exchange Visitor | <input type="checkbox"/> H-1 Temporary Employee | |
| <input type="checkbox"/> Other: _____ | | |

PRIMARY PURPOSE:

- | | | |
|--|---|--|
| <input type="checkbox"/> 01 Studying in a degree program | <input type="checkbox"/> 05 Observing | <input type="checkbox"/> 09 Demonstrating Special Skills |
| <input type="checkbox"/> 02 Studying in a Non-Degree program | <input type="checkbox"/> 06 Consulting | <input type="checkbox"/> 10 Clinical Activities |
| <input type="checkbox"/> 03 Teaching | <input type="checkbox"/> 07 Conducting Research | <input type="checkbox"/> 11 Temporary Employee |
| <input type="checkbox"/> 04 Lecturing | <input type="checkbox"/> 08 Training | <input type="checkbox"/> 12 Here with Spouse |
| <input type="checkbox"/> 99 Other, please specify: _____ | | |

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 US 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. E-mail address: Enter the e-mail address to where we can contact you.
4. Local Street Address: List your local US address.
5. Residence: List your non US address.
6. Country of Citizenship(s)
7. Country that Issued Passport: List Country in which you were issued your passport. Not the country where it was issued.
8. Passport #: Enter your passport number.
9. Visa #: Enter your Visa number.
10. 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 do not know.
11. 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.
12. Immigration Status for J-1: Check the appropriate J-1 subtype.
13. Actual Primary Activity: Check one activity.
14. Actual Entry Date into the United States: Must include month, day, and year. Approximate if you do not know.
15. Start Date: Must include month, day, and year. Approximate if you do not know.
16. End Date: Must include month, day, and year. Approximate if you do not know.
17. Occupation: Describe in general the service you will perform.
18. Check the appropriate box.
19. Is your spouse in 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 is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.