FOREIGN NATIONAL INFORMATION FORM (PAGE 1)

The Foreign National Information Form **must be completed before you can receive any form of payment.**
All applicable questions below must be answered. **COPIES OF THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS FORM: (1) your passport; (2) U.S. VISA from your passport; (3) a copy of both sides of your I-94 Form "Arrival and Departure Record", (a small white card inside your passport); and (4) a copy of both sides of your I-20 or DS-2019.** This form must be returned before any check can be issued by the Comptroller's Office and must also be completed by anyone receiving a tuition remission/scholarship.

(1) Last or Family Name:_____ First:_____ Middle: _____ θ Male θ Female

(2a) Social Security # or ITIN:_____(2b) VMI ID #:_____ (3) Birth Date ____/____/____
Month Day Year

(4) U.S. Local Street Address: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

(5) Foreign Residence Address: _____

Address Line 2: _____

Address Line 3/ City_____ Postal Code: _____

Province/Region: _____Foreign Country: _____

(6) Country of Citizenship: _____ (7) Country That Issued Passport: _____

(8) Passport #: _____Expiration Date: ____/____/____ (9) Visa #: _____
(The Red Number, Not The Control Number That Begins With A Year)

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

(11) IMMIGRATION STATUS:
θ U.S. Immigrant/Permanent Resident θ F-1 Student θ J-2 Spouse or Child of Exchange Visitor
θ J-1 Exchange Visitor θ H-1 Temporary Employee
θ Other: _____

(12) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? CHECK ONE
θ 01 Student θ 05 Professor θ Research Scholar
θ 02 Short Term Scholar θ Other: _____

(13) WHAT IS THE ACTUAL PRIMARY ACTVITY OF THE VISIT? CHECK ONE
θ 01 Studying in a Degree Program θ 05 Observing θ 09 Demonstrating Special Skills
θ 02 Studying in a Non-Degree Program θ 06 Consulting θ 10 Clinical Activities
θ 03 Teaching θ 07 Conducting Research θ 11 Temporary Employment
θ 04 Lecturing θ 08 Training θ 12 Here with Spouse

(14) WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES?:	**(15) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?:**	**(16)WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY?:**
____/____/____ Month Day Year	____/____/____ Month Day Year	____/____/____ Month Day Year

(17) INCOME PROVIDING ACTIVITY (e.g. PROFESSOR OF CHEMISTY)?:	**(18) WHAT TYPE STUDENT?:**	**(19) MARRIED?: θ Yes θ No**
_____	**θ Undergraduate**	**SPOUSE IN THE USA?: θ Yes θ No**
	θ Other _____	**Number of Other Dependents In USA:___**

(20) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS:	**(21) COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS:**
Do you/will you have an office (fixed base) in the USA? θYes θ No If yes, how many days in this tax year did you/ will you have an office (fixed base)? _____ Days	Did tax residency end? θ Yes θ No If yes, when? _____/_____/_____ Month Day Year

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 Comptroller's Office.

Signature: _____ Local Phone Number: (_____) _____-_____ Date: ____/____/____

FOREIGN NATIONAL INFORMATION FORM (PAGE 2)

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PLEASE LIST **: (1) ALL F, J, M OR Q VISA Immigration Activity Since 1 January 1985; and (2) Any Other VISA Immigration Activity In The Last Three Calendar Years:**

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Have You Taken Any Treaty Benefits
_____/_____/_____	_____/_____/_____	_____	_____	_____	θ Yes θ No
_____/_____/_____	_____/_____/_____	_____	_____	_____	θ Yes θ No
_____/_____/_____	_____/_____/_____	_____	_____	_____	θ Yes θ No
_____/_____/_____	_____/_____/_____	_____	_____	_____	θ Yes θ No
_____/_____/_____	_____/_____/_____	_____	_____	_____	θ Yes θ No
_____/_____/_____	_____/_____/_____	_____	_____	_____	θ Yes θ No
_____/_____/_____	_____/_____/_____	_____	_____	_____	θ Yes θ No

EXPLANATIONS, CHANGES, AND OTHER INFORMATION:

_____

_____

_____

_____

_____

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 Comptroller's Office.

Signature: _____ Date: _____/_____/_____

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM:

1. Name: List full name.

2 (a). 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.

2 (b). VMI ID#: Enter your Employee/Student/Faculty Identification Number.

3. Date of Birth: Enter your Date of Birth.
4. Local Street Address: List your local US address.
5. Foreign Residence Address: List your non-US address, i.e., your residence in your home country.
6. Country or Countries of Citizenship
7. Country that Issued Passport: List Country in which you were issued your passport, which may <u>not necessarily</u> be the country where it was issued.
8. Passport #: Enter your passport number and expiration date.
9. Visa #: Enter your VISA number.
10. Immigration Status: Check yes or no. If yes, complete the above form for the time(s) 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, if you have entered the U.S. in student visa status or to take coursework.
19. Spouse Information: Is your spouse in the USA? Check the appropriate box. Give number of other dependents in the USA.
20. Consultants or 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. This can be different from your legal residence. Do not include the USA.

MAY BE REPRODUCED WITH PERMISSION