



Foreign National Information Form

This form must be completed before a foreign national can receive any form of payment (honorarium, scholarship, or wages). Please bring the following forms to our office so copies may be made to determine your Tax status:

- 1.Passport; 2.Visa; 3. I-94 Departure Record; 4.Social Security card or ITIN card 5. Form I-20 or DS 2019

PERSONAL INFORMATION

Last or Family Name: _____ A# _____
First: _____ Middle: _____
U.S. Social Security No. or Individual Taxpayer Identification No.: _____
Date of Birth: _____ (month/day/year)
U.S Telephone No.: _____ U.S Telephone No.: (Work) _____
Email Address: _____
U.S. Local Address: _____ Foreign Residence Permanent Address: _____
Street _____ Street _____
City _____ City _____ Province/State _____ Postal Code _____
State _____ Zip Code _____ Country _____

PASSPORT INFORMATION

Country of Citizenship: _____
Country that issued passport: _____
Passport No.: _____ Expiration Date: _____

VISA INFORMATION

Visa No.: (8 digit red number in Lower Right Corner of Visa): _____
What type of Visa do you have: _____ Expiration Date: _____

U.S. Immigrant/Permanent Resident (attach copy of green card)
H1B Temporary Worker
J-1 Exchange Visitor *IF J-1 Exchange Visitor, what J-1 category
F-1 Student
B1/B2 Visitor
Other: _____

PRIMARY ACTIVITY DURING THIS VISIT

Student Professor Research Scholar Short Term Scholar Other: _____
Studying in a degree program Observing Demonstrating special skills
Studying in a non-degree program Consulting Clinical activities
Teaching Conducting Research Temporary Employment
Lecturing Training

What was the start date of your immigration status for this activity?
(The date you first entered the U.S. for primary activity - I-94 departure record) _____
Month / Day / Year

What is the projected end date of your primary activity?
(Completion date on immigration document, I-20, DS2019, or end date of employment) _____
Month / Day / Year

INCOME TYPE and AMOUNT

Please circle one

Wages Scholarship/Fellowship Honorarium Prize/Award Other _____

Name of USU department providing the income: _____

Amount (estimated yearly amount) _____

RESIDENCY VERIFICATION

What country did you live in before this visit to the U.S.? _____

Is this your country of residency for tax purposes? Yes No

If not, list the country you claim for tax residency _____

US IMMIGRATION HISTORY

Have you ever had another immigration status in the United States? yes no

Have you ever been present in the United States before this visit? yes no

What is the date of your first visit to the United States? _____

Month / Day / Year

Did you attend any Colleges or Universities in the **United States** before Utah State University? yes no

If Yes, Please list Dates and Names of Colleges or Universities you have attended:

Have You Taken Any Tax Treaty Benefits while attending these Colleges or Universities? Yes 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 the form, I must submit a new Foreign National Information Form to the Payroll Office.

Signature _____

Date: _____