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FOREIGN NATIONAL INFORMATION FORM (PAGE 1)

The Foreign National Form must be completed and returned WITH ATTACHMENTS to the **Business Service Center** before you can receive any form of payment. All applicable questions below must be answered. A copy of both sides of your I-94 or I-94W Form "Arrival and Departure Record", (a small white or green card inside your passport), copy of your U.S. VISA from your passport, and I-20, DS-2019 or I-797A must be attached to this form. Visa waiver holders and Canadians also attach copy of passport. Lawful Permanent Residents attach copy of Resident Alien Card. **This form must be returned before any check can be issued** by Payroll or PPS and must also be completed by anyone receiving a scholarship/fellowship. Instructions for completing this form are on page 2.

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

(2) Social Security or ITIN #: _____ (3) Date of Birth _____ / _____ / _____

(4) U.S. LOCAL STREET ADDRESS:

 (4) Address Line 2: _____
 (4) Address Line 3: _____
 (4) City: _____
 (4) State: _____ Zip: _____

(5) FOREIGN RESIDENCE ADDRESS:

 (5) Address Line 2: _____
 (4) Address Line 3/ City _____
 (4) Postal Code: _____ Province/Region _____
 (5) Foreign Country: _____

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

(8) Passport #: _____ (9) Foreign Tax ID Number: _____
 (Tax ID number from your home country)

(10) Have you ever had another visit or immigration status in the United States? Yes No (If yes, complete top of page 2.)

(11) IMMIGRATION STATUS, CHECK ONE

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

(12) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? CHECK ONE

01 Student 05 Professor 12 Research Scholar
 02 Short Term Scholar Other: _____

(13) WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? CHECK ONE

01 Studying in a Degree Program 05 Observing 09 Demonstrating Special Skills
 02 Studying in a Non-Degree Program 06 Consulting 10 Clinical Activities
 03 Teaching 07 Conducting Research 11 Temporary Employment
 04 Lecturing 08 Training 12 Here with Spouse

| | | |
|---|---|--|
| (14) What is the most recent date you entered the United States? _____/_____/_____ Month Day Year | (15) What is the first day you were physically in the U.S. in this status? _____/_____/_____ Month Day Year | (16) What is the projected end date of your immigration status? _____/_____/_____ Month Day Year |
|---|---|--|

| | | |
|---|--|--|
| (17) Income Providing Activity (What Type of Payment?) _____ | (18) What Type Student? <input type="checkbox"/> Undergraduate <input type="checkbox"/> Doctoral <input type="checkbox"/> Masters <input type="checkbox"/> Other | (19) Spouse in USA? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Dependents: _____ |
|---|--|--|

| | |
|--|--|
| (20) FOR CONSULTANT/SELF EMPLOYED INDIVIDUALS: Do you/ will you have an office (fixed base) in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many days in the tax year did you/ will you have office (fixed base)? Days: _____ | (21) COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS: _____ RESIDENCE IN COUNTRY ABOVE: Began _____ and Ended _____ |
|--|--|

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 Payroll.

Signature: _____ Local Phone Number: _____ Date: _____

FOREIGN NATIONAL INFORMATION FORM (PAGE 2)

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

COMPLETE THE SECTION BELOW AND SIGN ON THIS PAGE ONLY IF YOU HAVE PREVIOUSLY BEEN IN THE U.S. UNDER ANOTHER IMMIGRATION STATUS OR YOU HAVE HAD A PRIOR VISIT TO THE U.S. IN YOUR CURRENT STATUS.

PLEASE LIST ANY VISA IMMIGRATION ACTIVITY IN LAST 3 CALENDAR YEARS AND ALL F,J,M OR Q VISAS SINCE 1/1/85:

| Date of Entry | Date of Exit | Visa Immigration Status See Reference Below | J-1 Subtype See Below | Primary Activity See Below | Have you Taken Any Treaty Benefits? |
|---------------|--------------|--|--------------------------|-------------------------------|--|
| __/__/__ | __/__/__ | _____ | _____ | _____ | ___Yes ___No |
| __/__/__ | __/__/__ | _____ | _____ | _____ | ___Yes ___No |
| __/__/__ | __/__/__ | _____ | _____ | _____ | ___Yes ___No |
| __/__/__ | __/__/__ | _____ | _____ | _____ | ___Yes ___No |
| __/__/__ | __/__/__ | _____ | _____ | _____ | ___Yes ___No |
| __/__/__ | __/__/__ | _____ | _____ | _____ | ___Yes ___No |
| __/__/__ | __/__/__ | _____ | _____ | _____ | ___Yes ___No |
| __/__/__ | __/__/__ | _____ | _____ | _____ | ___Yes ___No |

VISA IMMIGRATION STATUS:

| | | |
|------------------------------------|------------------------|---|
| U.S. Immigrant/ Permanent Resident | F-1 Student | J-2 Spouse or child of Exchange Visitor |
| J-1 Exchange Visitor | H-1 Temporary Employee | Other: _____ |

J-1 SUBTYPE:

| | | |
|-----------------------|--------------|---------------------|
| 01 Student | 05 Professor | 12 Research Scholar |
| 02 Short Term Scholar | | Other: _____ |

PRIMARY ACTIVITY:

| | | |
|-------------------------------------|------------------------|---------------------------------|
| 01 Studying in a degree program | 05 Observing | 09 Demonstrating Special Skills |
| 02 Studying in a non-degree program | 06 Consulting | 10 Clinical Activities |
| 03 Teaching | 07 Conducting Research | 11 Temporary Employee |
| 04 Lecturing | 08 Training | 12 Here with Spouse |
| 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 Form to Payroll.

Signature: _____ Date: _____

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM:

| | |
|---|---|
| <ol style="list-style-type: none"> Name: List full name. Social Security Number. Enter US social security number issued by the US Social Security Administration or ITIN issued by the IRS. Do not list numbers not assigned by the United States Soc. Sec. Adm, i.e. Canadian social security number. All employees must have an ITIN (individual taxpayer identification number) or Soc. Sec. No. Date of birth: Enter your date of birth Local Street Address: List your local US address Residence: List your non US address Country of Citizenship(s) Country that issued passport: list the country which issued the passport. Not the country where it was physically issued. Passport #: Enter your passport number Foreign Tax ID Number: Enter your tax ID # 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 don't know. 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. | <ol style="list-style-type: none"> Immigration status for J-1: Check the appropriate J-1 subtype. Actual Primary Activity: check one activity Actual Entry Date into United States: Must include month, day and year. Approximate if you don't know. Start Date: Must include month, day and year. Approximate if you don't know. End Date: Must include month, day and year. Approximate if you don't know. Occupation: Describe in general the service you will perform. Check the appropriate box. Is your spouse in the USA? Check the appropriate box. Consultants/ Self-employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you. Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA. |
|---|---|