



UNT SYSTEM
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TAX CHECK-IN INFORMATION FOR FOREIGN VISITORS

NEW
(complete all sections)

REVISED
(complete name, revised sections, and sign)

VISA CHANGE
(complete name, sections 2 & 3, and sign)

SECTION 1

Visitor's Name _____
Surname (Family Name) Given Name Middle Name

EMPL ID _____ Department _____

U.S. Social Security or Taxpayer Identification Number _____
(attach copy)

Date of birth _____ Marital status _____ Sex **M** **F**
(MM/DD/YY)

Is spouse present in the United States? **Y** **N** Is spouse working in the U.S? **Y** **N**

Number of other dependents present in the United States _____

Local residence address information (required)

Local street address in the United States _____

City _____ State _____ ZIP code _____

Home phone number _____ Work phone number _____

Foreign residence address information (personal, family, or friend)

Country _____ Postal Code _____

State, Province, or Region _____

City or Town _____

Precinct or Subdivision _____

Street Address/House Number _____

Country of citizenship _____ Country of passport _____

Passport number _____ Expiration date _____
(attach copy of information pages) (MM/DD/YY)

Country of tax residence _____

Did tax residency end? **Y** **N** If Yes, date _____
(MM/DD/YY)

Initials _____

SECTION 2

Immigration Status

Current visa number _____
Current I-94 number _____

F-1 or J-1 Student _____ F-1 or J-1 Student (on Practical Training) _____
(attach front and back copies of I-20 or DS-2019, and I-688B or I-766)

Name of institution where enrolled _____

Ej gemone: **Undergraduate** **Masters** **Doctoral**

Other _____

J-1 Exchange Visitor _____ (Check Subtype From List Below)
(attach copy of DS-2019)

02 Trainee	_____	06 Alien Physician	_____
03 Teacher	_____	08 Research Scholar	_____
04 Professor	_____		

J-2 Dependent of J-1 Exchange Visitor
(attach copy of DS -2019 and front and back copy of EAD)

H-1B Temporary Employee _____ *(attach copy of I-797)*

O-1 Alien of Extraordinary Ability _____ *(attach copy of I-797)*

B-1/B-2 Visitor for Business _____ *(attach copy of passport stamp)*

Status Adjustment Applicant _____ *(attach front and back copy of I-688 or I-766)*

Lawful Temporary Resident _____ *(attach front and back copy of I-688 or I-766)*

Conditional Permanent Resident
(attach front and back copy of I-551 card, or copy of passport stamp)

Other _____

SECTION 3

Primary Activity of Visit (Please Check One)

Studying in a Degree Program _____	Conducting Research _____
Studying in a Non-Degree Program _____	Demonstrating Special Skills _____
Teaching _____	Clinical Activities _____
Lecturing _____	Temporary Employment _____
Observing _____	Here with Spouse _____
Consulting _____	
Other (Please specify) _____	

Anticipated date of departure from United States (MM/DD/YY) _____

SECTION 4

Visa Immigration Status

Please list ALL visits to the United States and visas held, and ALL changes of immigration status. Indicate whether any tax treaty benefits were claimed.

From (MM/DD/YY)	To (MM/DD/YY)	Visa Type	Student?	Treaty Claimed?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please attach copies of the information pages and visa pages from the passport.

SECTION 5

Tax Information

Taxation is a private matter between each individual and the United States Government. Any exemption from income tax based on tax treaty is usually limited to two years or less. It is the Visitor's responsibility to determine that deductions for income tax and social security tax are correct for each individual situation. Questions should be directed to the Internal Revenue Service, 1-800-829-1040.

Each Visitor must file a tax form with the IRS each year by April 15.

It is the Visitor's responsibility to inform the International Office of any changes in employment or immigration status. A change in visa classification or in the nature of a job could change the tax liability status.

I certify that I have read and understand the foregoing and that it is correct.

Signature

Date