

# FOREIGN NATIONAL INFORMATION WORKSHEET

To ensure correct determination of your tax status, all applicable questions below must be answered and a copy of the following must be attached:

- I-94 Form "Arrival and Departure Record" (a small white card inside your passport)
- U.S. Visa from your passport
- I-20, IAP66, or I-797 (HI-B)

**Last Name** \_\_\_\_\_ **First** \_\_\_\_\_

Are you a lawful permanent resident of the U.S. (hold an Alien Registration Receipt Card Form I-551)?  Yes\*  No  
 \*if "Yes" please proceed to bottom of page 2, sign Certification, and attach copy of I-551

Country of Citizenship \_\_\_\_\_

Date you first entered U.S. in your current immigration status: \_\_\_\_\_

Immigration Status, check one:  F-1 Student  J-1 Exchange Visitor  H-1 Temporary Employee  
 J-2 Spouse/Child of J-1 Student  J-2 Spouse/Child of J-1 Non Student (e.g. Research Scholar)  Other  
 Expiration Date of Current Immigration Status: \_\_\_\_\_

If J-1 or J-2 select sub-type as indicated on Visa status:

Student  Short Term Scholar  Professor  Research Scholar  Other

What is the primary purpose of your visit, check one:

Studying in a Degree Program  Studying in a Non-Degree Program  Teaching  Conducting Research  
 Lecturing  Training  Temporary Employment  Here with Spouse

Please list *all* visits to the U.S. in any visa status (e.g. B-1/B-2, F-1, F-2, J-1, J-2, H-1B, O-1, TN, etc.):

| Date of Entry | Date of Exit | Visa Type | Primary Purpose | Claimed 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 |

## CERTIFICATION

I certify that the information provided above is true and that I am subject to penalties for perjury if false. In addition, I agree to notify the Payroll Office immediately if any of the information I provided on this form changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date