

Foreign National Tax Information Form

The Foreign National Tax Information Form must be completed before you can receive any form of payment. All applicable questions below must be answered. **Legible** copies of your Passport, your U.S. Visa and Visa Stamp Page(s), your I-94 Form "Arrival and Departure Record" and (if applicable) your I-20, DS-2019 or I-797 must be attached to this form. This form must be returned before any check can be issued by the Payroll Services Department.

1. Last or Family Name: _____	First: _____	Middle: _____
2. Social Security #: _____	3. Banner #: _____	4. Date of Birth: MM/DD/YY _____
5. US Local Street Address _____ Address Line 2 _____ Address Line 3 _____ City _____ State/Zip Code _____ Telephone Number _____	6. Foreign Residence Address _____ Address Line 2 _____ Address Line 3/City _____ Postal Code _____ Providence/Region _____ Country _____	
7. Country of Citizenship: _____	8. Country that issued Passport: _____	
9. Passport #: _____	10. Visa #: (not the control number, see directions) _____	
11. Your Current U.S. Immigration Status:		
U.S. Immigrant/Permanent Resident F-1 Student H-1 Temporary Employee	J-1 Exchange Visitor J-2 Spouse or Child of Exchange Visitor Other _____	
12. If Immigration Status is J-1, What is the Category? (Check Only One)		
01 Student 02 Short-Term Scholar 03 Professor	04 Physician 05 Research Scholar Other _____	
13. What is the Primary Purpose of your Current Stay in the U.S.? (Check Only One)		
01 Studying in a Degree Program 02 Studying in a Non-Degree Program 03 Teaching 04 Lecturing 05 Observing 06 Consulting	07 Conducting Research 08 Training 09 Demonstrating Special Skills 10 Clinical Activities 11 Temporary Employment 12 Here with Spouse	
14. What is the Actual Date you first entered the U.S. in your present immigration status? _____	15. What is the Start Date on your current immigration form? (i.e., DS-2019, I-20, or I-797) _____	16. What is the Projected End Date of your present immigration status? _____

17. If a Student, What Type?

Undergraduate Graduate
Post Graduate Medical Student

18. Married?

Yes No

Spouse in USA?

Yes No

Recipient of a Scholarship/Fellowship from SLU?

Yes No

Number of dependents:

19. For Independent Contractors/Self-Employed Individuals:

Do you/will you have an office (fixed base) in the U.S.?

Yes No

20. Country of Tax Residence if Different from Residence Address:

If Yes, how many days in this tax year did you/will you have Office (fixed base)? Days

Did tax residency end? Yes No

If yes, when? _____

Prior U.S. Immigration Activity

21. Please list all periods of stay in the U.S. during the last 3 calendar years and all F, J, M, or Q Visa periods since Jan. 1, 1985. (Please attach a separate sheet, if necessary)

Date of Entry to US	Date of Exit from US	Visa Immigration Status	J-1 Subtype	Purpose of Stay	Have you Taken Treaty Benefits? (Yes or No)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DIRECTIONS: Please print all information neatly.

- Name: Print full name
- Social Security Number: Enter US social security number issued by the US Social Security Administration. Do not list numbers not assigned by U.S. Social Security Admin., i.e. Canadian social security number. All employees must have a social security number in order to work.
- Banner #: Enter your Banner Identification Number if applicable.
- U.S. Local Street Address. List your local home address.
- Foreign Residence Address. List your permanent address abroad.
- Visa Number. List your U.S. Visa Number (not the control number). It is usually an eight-digit number found below the expiration date.
- Actual Date of Entry, Start Date, and Projected End Date. Must include month, day, and year for all. Approximate if you are unsure.
- Current U.S. Immigration Status. Check the type of immigration status that you currently hold. If you check U.S. Immigrant/Permanent Resident, proceed to the bottom of the form. Sign & date.
- Independent Contractors/Self-Employed Individuals. Check the appropriate box. This includes any office at any location specifically identified with you.
- Tax Residency. Tax residence is where you last paid taxes as a resident, and can be different from legal residence. Do not include the U.S. unless you have met the Substantial Presence Test.
- Sign and date form below.

If your country has a tax treaty with the U.S., but you elect not to use these benefits, please initial here. _____

I hereby certify that all of the above information is COMPLETE, TRUE, and CORRECT. I understand that if my status changes from that which I indicated on this form, I must submit a new Foreign National Tax Information Form.

Signature _____

Date _____