

**UNIVERSITY SYSTEM OF NEW HAMPSHIRE - WINDSTAR
FOREIGN NATIONAL INFORMATION FORM (PAGE 1)**

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

All applicable questions below must be answered. Please attach a copy of both sides of your I-94 Form ("Arrival and Departure Record", (a small white or green card inside your passport), copy of your U.S. VISA, your passport, and I-20 or DS-2019 which have been made from original documentation. This form must be returned before payment can be issued by the Payroll or Accounts Payable Department and also before appropriate U.S. IRS tax regulations can be applied. Please print clearly.

(1) Last or Family Name: _____ First: _____ Middle: _____
(2) Social Security # or ITIN _____ (3) USNH ID#: _____ Birth Date: _____
(4) U.S. LOCAL ADDRESS: _____ (5) FOREIGN RESIDENCE ADDRESS* _____
(4) Address Line 2: _____ (5) Address Line 2: _____
(4) Address Line 3: _____ (5) Address Line 3/City: _____
(4) City: _____ (5) Postal Code: _____ Province/Region: _____
(4) State: _____ Zip Code: _____ (5) Foreign Country: _____

*If you have ever lived in a country other than that of your citizenship, please explain on page 2. **This is very important!**

(6) Country/ies of Citizenship: _____ (7) Country/ies That Issued Passport: _____
(8) Passport Number/s: _____ (9) Passport Expiration Date/s: _____
(10) Have you ever had another immigration status in the United States? Yes No If yes, see page 2.
(11) CURRENT 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 (including green card or green card pending) _____

(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 PURPOSE 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
 Teaching 07 Conducting Research 11 Temporary Employee
 Lecturing 08 Training 12 Here with spouse/relative

(14) WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES FOR THIS PRIMARY ACTIVITY? _____/_____/_____
Month Day Year

(15) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS? _____/_____/_____
Month Day Year

(16) WHAT IS THE END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY (I.E., I-20 OR DS -2019 END DATE) _____/_____/_____
Month Day Year

(17) OCCUPATION PROVIDING INCOME (e.g. RESEARCHER, GRADUATE ASSISTANT, ETC.) _____

(18) WHAT TYPE STUDENT?:
 Undergraduate Masters Doctoral Other _____

(19) ARE YOU MARRIED? Yes No IF YES, IS YOUR SPOUSE IN USA?: Yes No
IF YES, IN WHAT IMMIGRATION STATUS? _____ Number of dependents in U.S. _____

(20) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS ONLY:
Do you/will you have an office (fixed base) in the USA? Yes No
If yes, how many days in this tax year did you/will you have office (fixed base)? _____
Days

(21) COUNTRY OF RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS: _____
Did tax residency in your country of permanent residence end? Yes No If yes, when? _____
Month/Day/Year

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 Information Form to the International Tax Coordinator.

Signature: _____ Local Phone Number: _____ Date: _____
Email address: _____

FOREIGN NATIONAL INFORMATION FORM (PAGE 2)

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PLEASE LIST ANY U.S. IMMIGRATION ACTIVITY IN LAST THREE CALENDAR YEARS AND ALL F, J, M OR Q ACTIVITY SINCE 1/1/85. PUT THE DETAILS OF YOUR CURRENT VISIT ON PAGE 1. (IF YOU HELD A PARTICULAR VISA, BUT DID NOT USE IT TO ENTER THE U.S., THERE IS NO NEED TO INCLUDE IT.)

| Date of Entry | Date of Exit | Visa Immigration Status | J-1 Subtype | Primary Purpose | Have You Taken Any 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 |
| ___/___/___ | ___/___/___ | _____ | _____ | _____ | <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 |

Explanations, Changes and/or Additional Information

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 Information Form to the International Tax Coordinator.

Signature: _____

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM

- Name: List your full name.
- Social Security Number: Enter US social security number issued by the US Social Security Administration not your ID number. Do not list numbers not assigned by the United States Social Security Administration, such as your Canadian Social Insurance Number. All employees must obtain a Social Security Number. If you have no Social Security Number, enter your IRS-issued.
- ID#: Enter your institutional identification number.
- Local Street Address: List your local US address.
- Foreign Residence Address: List the foreign address you consider to be your permanent address.
- Country/ies of Citizenship: If you are a dual citizen, please be sure to indicate both countries of citizenship.
- Country/ies that Issued Passport/s: List country/ies that issued your passport/s; this is not always the same as the country where the passport was physically issued.
- Passport #/s: Enter your passport number/s.
- Passport Expiration Date/s: Enter the expiration date/s of your passport/s.
- Other Immigration Status: Check yes or no. If yes, complete the above section for the time you were present in the United States. Approximate if you do not know. Please note that this question refers to ANY time you were physically present in the U.S., even as a nonimmigrant, such as a Canadian walkover, on a visa waiver, etc.
- Current 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, or if you are a U.S. citizen, you may proceed to the bottom of the form. Sign and date.
- Immigration Status for J-1: Check the appropriate J-1 subtype.
- Actual Primary Activity: Check only one activity.
- Actual Entry Date into the United States: Include month, day, and year of U.S. entry for your current status. Approximate if you do not know.
- Start Date: Leave blank.
- End Date: Must include month, day, and year. Approximate if you do not know.
- Occupation: Describe in general the service you will perform (if working) or type of financial benefit you will receive (i.e., scholarship).
- Check the appropriate box if you have entered the U.S. in student status or to take coursework.
- Check the appropriate boxes. If spouse is also in USA, give his/her immigration status. Give number of other dependents in the USA.
- Consultants/Self-employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you.
- Tax residence is where you were last potentially subject to taxes as a resident, and can be different from legal residence or country of citizenship. Do not include the USA.

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