

**UNIVERSITY SYSTEM OF NEW HAMPSHIRE
FOREIGN NATIONAL INFORMATION FORM (Page 1)**

All applicable questions below must be answered to ensure that USNH is in compliance with the U.S. taxation regulations. Attach a copy of your I-94 Form (Arrival and Departure Record, a small white or green card inside your passport), U.S. VISAs, biographic pages of the passport, and your I-20, DS-2019, or I-797 Approval Notices (the bottom portion) and other relevant immigration documents. If you have previously submitted these documents to the Human Resources Office then you do not need to attach them.

This form must be returned to the USNH Payroll Office 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#: _____ (99) Birth Date: _____

(4) U.S. LOCAL ADDRESS: _____ (5) PERMANENT FOREIGN ADDRESS*: _____

(4) Address Line 2: _____ (5) Address Line 2: _____

(4) Address Line 3: _____ (5) Address Line 3- Province/Region:: _____

(4) City: _____ (5) City: _____ Postal Code: _____

(4) State: _____ Zip Code: _____ (5) Foreign Country: _____

(98) Local Phone # (work, home or cell): _____ (97) Email address: _____

*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): _____

(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 (explain) _____

(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: ___ Technical Specialty ___ Business Apprentice ___ Professional
 12 Here with spouse/relative

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

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

(15a) Does your tax country have a treaty with U.S.? Yes No

(15b) If yes, have you previously applied for and received any treaty benefits? Yes No

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

(10) Have you ever had another immigration status in the United States? Yes If yes, see page 2. No
Month Day Year

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

(96) What is your estimated annual income? \$ _____ (95) Are the funds from a foreign source? Yes No

(18) If YOU ARE A STUDENT, WHAT TYPE ARE YOU?:

- Undergraduate Masters Doctoral Other _____

(19) ARE YOU MARRIED? Yes No IF YES, IS YOUR SPOUSE IN U.S.?: Yes No
IF YES, WHAT IS SPOUSE'S 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 U.S.? Yes No
If yes, how many days in this tax year did you/will you have an office (fixed base)? _____
Number of Days

(21) TAX RESIDENCE COUNTRY IF DIFFERENT FROM FOREIGN RESIDENCE COUNTRY: _____

Are you subject to taxes in your country of permanent residency? 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 Campus HR.

Signature: _____ Date: _____

FOREIGN NATIONAL INFORMATION FORM (PAGE 2)

The Foreign National information Form must be completed and received before appropriate U.S. IRS tax regulations can be applied.

Immigration History

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 Number & 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 Campus HR.

Signature: _____

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM

- Name: List your full name.
- Social Security # or ITIN: Enter U.S. Social Security number issued by the U.S. Social Security Administration and not your student ID number. Do not list numbers not assigned by the U.S. 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 ITIN.
- USNH ID#: Enter your USNH identification number.
- Local Street Address: List your local U.S. 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 Immigration History section indicating when you've been present in the U.S. Use approximate dates 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 U.S.: Include month, day, and year of entry into U.S. for your current status. Approximate if you do not know. Provide explanation if immigration status has changed during your stay in the U.S.
- Start Date: Provide the start date of you immigration status.
- End Date: Must include month, day, and year, Approximate end date if actual date not known.
- 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 U.S., give his/her immigration status. Give number of other dependents in the U.S.
- 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. This can be different from legal residence or country of citizenship. Do not include the U.S.