

This form must be completed and brought to the HR/Payroll Office before you can receive any form of payment. All applicable questions below must be answered. We will need to see the following documents for making taxation decisions:

- 1) Your current Form I-94 "Arrival and Departure Record" (white paper card or electronic version)
- 2) Your passport
- 3) Your visa page and U.S. admission stamp(s)
- 4) Form I-20, DS-2019 or other work authorization

Last or Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security Number: (if applicable) \_\_\_\_\_ Student ID or EMPL ID #: \_\_\_\_\_

U.S Local Address:

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Foreign Residence Address:

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Province/Region \_\_\_\_\_ Foreign Country \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country that Issued Passport: \_\_\_\_\_

Passport #: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

Have you ever had another immigration status or previous visits to the U.S.?  Yes - If yes, see Page 2  No

Immigration Status:

- U.S. Immigrant/Permanent Resident
- F-1 Student
- J-2 Spouse or Child of Exchange Visitor
- J-1 Exchange Visitor
- H-1B Temporary Employee
- Other \_\_\_\_\_

If Immigration Status is J-1, What is the Subtype?

- 01 Studying in a Degree Program
- 05 Professor
- 12 Research Scholar
- 02 Short Term Scholar
- Other \_\_\_\_\_

What is the Actual Primary Activity of the Visit?

- 01 Studying in a Degree Program
- 05 Observing
- 09 Demonstrating Special Skills
- 02 Studying in a Non-Degree Program
- 06 Consulting
- 10 Clinical Activities
- 03 Teaching
- 07 Conducting Research
- 11 Temporary Employment
- 04 Lecturing
- 08 Training
- 12 Here with Spouse

What is the Actual Date You Entered the United States for the First Time? (month / day / year) \_\_\_\_\_ Visa Type: \_\_\_\_\_

What is the Start Date of your current immigration status as indicated on your current I-20, DS2019, I-797, I-94? (month / day / year) \_\_\_\_\_

What is the projected end date your current immigration status (i.e. end date of I-20, DS2019, I-94)? (month / day / year) \_\_\_\_\_

Type of Work and Department: (example: Grad Teaching Assistant for Math Department) \_\_\_\_\_

What Type of Student?  Undergraduate  Master  Doctoral  Other \_\_\_\_\_

Married?  Yes  No Spouse living or working in USA?  Living  Working  Both Spouse immigration status? \_\_\_\_\_

For Consultant/Self Employed Individuals:

Do you/will you have an office (fixed base) in the USA?  Yes  No If yes, how many days in this tax year did/will you have office (fixed base)? \_\_\_\_\_

What country did you live in immediately prior to this visit to the U.S. if different from your foreign residence? \_\_\_\_\_

Did you pay taxes in the country stated above?  Yes If yes, list the start date and end date of tax residency? \_\_\_\_\_  No

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 update the Payroll Office. This form is a requirement for determining tax status and payroll tax withholding or exemption. It is not a requirement or condition for the actual hiring of an employee and should not be used as such.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Route this form to :

Payroll Office

SGC

Phone (701) 231-8961

Fax (701) 231-9686

