



Foreign National Information Form

This form must be completed before a foreign national can receive any form of payment (honorarium, scholarship, or wages). Please bring the following forms to our office so copies may be made to determine your status:

1. Passport; 2. Visa; 3. I-94 Departure Record; 4. Social Security card, ITIN card, or W8Ben; 5. Form I-20 (if a student) or Form IAP66/DS2019

PERSONAL INFORMATION

Last or Family Name: _____ A# _____

First: _____ Middle: _____

U.S. Social Security No. or Individual Taxpayer Identification No.: _____

Date of Birth: _____ (month/day/year)

U.S Telephone No.: (Home) _____ U.S Telephone No.: (Work) _____

Email Address: _____

U.S. Local Address: _____ Foreign Residence Permanent Address: _____

Street _____

Street _____

City _____

City _____ Province/State _____ Postal Code _____

State _____ Zip Code _____

Country _____

PASSPORT INFORMATION

Country of Citizenship: _____

Country that issued passport: _____

Passport No.: _____ Expiration Date: _____

VISA DETAIL

CURRENT IMMIGRATION STATUS

Have you ever had an F2 or J2 VISA? Yes No

Visa No.: (8 digit red number in Lower Right Corner of Visa): _____

U.S. Immigrant/Permanent Resident (attach copy of green card)

F-1 Student

H1B Temporary Worker

B1/B2 Visitor

J-1 Exchange Visitor

Other: _____

* IF J-1 Exchange Visitor, what J-1 category

Student Professor Research Scholar Short Term Scholar Other: _____

PRIMARY ACTIVITY DURING THIS VISIT (Choose Only One)

Studying in a degree program

Observing

Demonstrating special skills

Studying in a non-degree program

Consulting

Clinical activities

Teaching

Conducting Research

Temporary Employment

Lecturing

Training

Other _____

What was the start date of your immigration status for this activity? (The date you first entered the U.S. for primary activity - I-94 departure record) _____
Month / Day / Year

What is the projected end date of your primary activity?

(Completion date on immigration document, I-20, DS2019, or end date of employment)

_____ Month / Day / Year

If you are a consultant or self-employed individual that will receive an honorarium for the primary activity, complete questions 1-5.

- 1) Describe the activity (teaching, lecturing, conducting research, consulting) you are receiving self-employment income for: _____
- 2) List the number of days you will perform services on USU Campus: _____ # of days
- 3) List the number of institutions from which you have received payments (for academic-related services) during the last 6 months: _____ (# of institutions)
- 4) Do you/will you have an office (fixed base) in the U.S.? _____ yes _____ no
- 5) If yes, how many days in this tax year did you/ will you have an office(fixed base) _____ # of days

INCOME TYPE/AMOUNT/DEPENDENTS

Payment Type: Wages Scholarship Honorarium Prize/Award Other

Name of USU department providing the income: _____ Amount _____
(If Wages, the amount should represent the estimated calendar year income.)

RESIDENCY VERIFICATION

What country did you live in before this visit to the U.S.? _____

Is this your country of residency for tax purposes? yes no

If not, list the country you claim for tax residency _____

US IMMIGRATION HISTORY

Have you ever had another immigration status in the United States? yes no
Have you ever been present in the United States before this visit? yes no

(If either question is answered "yes", complete U.S. Immigration History, Part 2)

US IMMIGRATION HISTORY, Part 2

What is the date of your first visit to the United States? _____
Month / Day / Year

(List all VISA Immigration Activity during the last eight calendar years and all F, J, M, and Q visa Activity since January 1, 1985)

<i>Date of U.S. Entry</i>	<i>Date of U.S. Exit</i>	<i>Visa/</i>	<i>Have You Taken Any</i>
<i>Month / Day / Year</i>	<i>Month / Day / Year</i>	<i>Immigration Status</i>	<i>Treaty Benefits?</i>

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 the form, I must submit a new Foreign National Information Form to the Controllers Office.

Signature _____ Date: _____

*** Please bring this document to Paula Quay in the Payroll Office in Old Main Room 26 (435)797-1058**