

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. Disclosure of your Social Security Number is required for tax reporting purposes (26 C.F.R. § 31.6051-1 and 26 C.F.R. § 1.1441-1, et seq.). If you do not yet have a social security number, please mark the appropriate boxes in section (2) below.

Permanent Residents (green card holders) and naturalized U.S. citizens do not complete this form.

Check One: Initial Submission Update

Employing Department: _____ University Position Title: _____

Copies of documents to attach to this form: I-94 Arrival/Departure Record and History. Copy of your passport (page showing photo ID and expiration date). U.S. Visa. Form I-20 (F-status). Form DS-2019 (J-status). Form I-797 (H- status) Email the completed and signed form and copies of documents to payroll-services@ouhsc.edu.

Section A – General Information

(1) Last Name/Surname _____ First/Given Name _____ Middle Initial _____

(2) U.S. Taxpayer ID – Social Security Number (SSN) _____
Initial here if you don't have a SSN: _____ Initial here if you have applied for a SSN: _____

(3) Employee/Student ID # _____ (4) Date of Birth (mm/dd/yy) ____/____/____

(5) United States Local Address (6) Foreign Residential Address

Line 1 _____	Line 1 _____
Line 2 _____	Line 2 _____
City/Town _____	City/Town _____
State _____ Zip Code _____	Region/Province _____
(7) US Home Telephone (____) _____	Postal Code _____
(8) E-mail Address _____	Foreign Country _____

Section B – Passport and Visa Information – Purpose of Visit

(9) Visa Type – Select One

J-1 Research Scholar H-1B J-1 Student F-1 CPT

J-1 Short-Term Scholar TN F-1 Student F-1 OPT

J-1 Physician O-1 Other; please specify _____

(10) If you have a F, J, H, TN, O, L, P, A, or G Visa, please list the sponsoring institution or company named on your immigration documents _____

(11) Primary Purpose/Activity of Visit – Select One:

Studying in a U.S. degree program Consulting Conducting Research Clinical Activities

Studying in a U.S. non-degree program Teaching Specialized Training Temporary Employment

Graduate Medical Education/Training Join Spouse Other; please specify _____

(12) If U.S. student, list type of student: Undergraduate Masters Doctoral Other, please specify _____

(13) Passport # _____ Issue Date: ____/____/____ Expiration Date: ____/____/____
month day year month day year

(14) Country of Passport / Citizenship _____ (15) I-94 Arrival/Departure # _____

(16) Marital Status: Single Married (17) Skip if you answered "Single" to #16: a. Is your spouse in the U.S? Yes No
b. Is your spouse working in the U.S.? Yes No c. List Number of dependent children in the U.S. _____

(18) Country of Tax Residence if Different from Foreign Residence address in Item 6 above: _____
Did the tax Residency end? Yes No If yes, when? ____/____/____
month day year

Section C – Visa Type Activity for the Substantial Presence Test

(19) List the original date (the very first date) of your entry to the United States: _____ / _____ / _____
month day year

(20) List the start and end date of your current purpose or program activity as indicated by your visa type (i.e., I-20, DS-2019, I-797, etc.)

Start Date: _____ / _____ / _____
month day year

End Date: _____ / _____ / _____
month day year

Check if I-94 is marked as "Duration of Stay"

(21) Visa Type History – enter your visits to the US for the last six calendar years. For F, J, M or Q status visits, list your visa type history since January 1, 1985. Attach an additional schedule if need be. ****Note** – also include status change dates if you remained in the U.S. while changing status.

Date of Entry to U.S. **	Date of Exit from U.S. **	Visa Type	Primary Purpose or Activity	Country of Tax Residence	Did you take 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
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No

Section D – Tax Treaty Exemption Information / IRS Forms 8233 and W-9

Payments to foreign nationals for services performed in the U.S. is subject to federal and state withholding taxes. If you qualify for tax treaty exemption, the applicable treaty form is signed and dated by you and the Nonresident Tax Specialist/Withholding Agent. A Social Security Number and a signed and approved treaty exemption form is required if you qualify for payroll tax treaty benefits.

IRS Form 8233 is used by foreign nationals who are nonresident aliens for tax purposes to claim exemption from withholding of taxes on compensation. The exemption is based on a tax treaty to which the United States is a party. The Nonresident Tax Specialist completes this form and attachment and applies for the exemption after you have signed the form. The form is valid for one calendar year or until the annual treaty limit has been exhausted. Make sure you sign a new form for each year you qualify for the exemption.

IRS Form W-9 is used by foreign nationals who are classified as resident aliens for tax purposes and qualify for treaty exemption. The Nonresident Tax Specialist completes this form. The form is valid for one calendar year or until the annual treaty limit has been exhausted. Make sure you sign a new form for each year you qualify for the exemption.

Section E - Certification

I certify that all of the above information is true and correct. I understand that if my "Passport and Visa Information" or "Residence Status for Tax Purposes" changes, I must submit a new *Foreign National Information Form* reflecting the changes to: Attention OUHSC Payroll, URP 865 Ste. 260 or scan and email to payroll-services@ouhsc.edu.

Signature _____ Date _____