

Questions about this form? Contact Payroll Services
271-2055. SCB Room 208. Also see Page 2 instructions.

Check One: Initial Submission
 Update – Required only if any information in Section B or C changes during individual's stay in U.S.

Employing Department: _____ University Position Title: _____

A copy of your I-94 Arrival/Departure Record, a copy of your passport and U.S. Visa , and a copy of your I-20 (F-status),DS-2019(J-status),or I-797(H-1 status) must be attached to this form.

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 _____
Line 3 _____	Line 3 _____
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

<input type="checkbox"/> J-1 Research Scholar	<input type="checkbox"/> H-1B	<input type="checkbox"/> J-1 Student
<input type="checkbox"/> J-1 Short-Term Scholar	<input type="checkbox"/> TN	<input type="checkbox"/> F-1 Student
<input type="checkbox"/> J-1 Physician	<input type="checkbox"/> O-1	<input type="checkbox"/> 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:

<input type="checkbox"/> Studying in a U.S. degree program	<input type="checkbox"/> Consulting	<input type="checkbox"/> Conducting Research	<input type="checkbox"/> Clinical Activities
<input type="checkbox"/> Studying in a U.S. non-degree program	<input type="checkbox"/> Teaching	<input type="checkbox"/> Specialized Training	<input type="checkbox"/> Temporary Employment
<input type="checkbox"/> Graduate Medical Education/Training	<input type="checkbox"/> Join Spouse	<input type="checkbox"/> 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 in the Last Six Calendar Years (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: _____ / _____ / _____ **End Date:** _____ / _____ / _____ Check if I-94 is marked
month day year month day year 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	Visa Number	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

You must have a Social Security Number and sign an approved treaty exemption form to qualify for tax treaty benefits.

Payments to nonresident aliens for services performed in the U.S. may be subject to federal and state withholding taxes. If you believe you may qualify for a tax treaty exemption, additional forms (IRS Form 8233 or IRS Form W-9) must be signed and dated by you and the Withholding Acceptance Agent in Payroll Services. This can take place only after you complete the "Foreign National Information Form". Alert Payroll Services if you believe you qualify. Payroll Services determine eligibility.

IRS Form 8233 is used by nonresident aliens to claim exemption from withholding of taxes on compensation. The exemption must be based on a tax treaty to which the United States is a party. Payroll Services will determine if the payee is eligible for the exemption per IRS regulations and University administrative procedures. Payroll Services will complete Parts I & II of the form and any applicable attachment and apply for the exemption after you have signed the form. The form is valid for one calendar year. Make sure you coordinate with Payroll Services to sign a new form for each year you qualify for the exemption.

IRS Form W-9 is used by nonresident aliens who are classified as resident aliens for tax purposes and qualify for treaty exemption. Refer to Payroll Services for more information. Payroll Services prepares this form if you qualify.

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM

- Give full name as listed on your Social Security Card or as listed in your passport if you have not yet received a Social Security Card.
- List the number on your Social Security Card as issued to you by the Social Security Administration.
- Enter your Employee/Student Identification Number.
- Enter the date of your birth
- List your current home address in the United States.
- List your non-US home address.
- Give your US home telephone number.
- Write your email address. If none, write "none".
- Select the category of visa you currently hold.
- Write the full name of the company/institute that is sponsoring your U.S. stay.
- Select a purpose or give a reason for your stay in the U.S.
- If you are a student, list the type.
- List your current passport number.
- List the country that issued your passport (not the country where obtained) and country of citizenship.
- List the 10-digit number on your I-94 card (white card in your passport).
- Indicate your marital status.
- If applicable, indicate your spouse's work status and number of dependent children in the US.
- If applicable to you, check correct box and list days at locations specifically identified with you.
- Give the date you first entered the United States.
- List the program dates of your current immigration status.
- Account for your US visits and list the visa and purpose for your stay (The visa number is listed in your passport – *The red number stamped on your US visa*).

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: OU Health Sciences Center – Payroll Services, 1100 N. Lindsay, Service Center Building, Room 208 or e-mail/e-copy to payroll-services@ouhsc.edu.

Signature _____ Date _____