

INSTRUCTIONS

INTERNATIONAL INFORMATION FORM

PLEASE READ!

This form is to be completed by the service provider. Submit the completed form along with a copy of your passport, an OUHSC W-8 Substitute form, and any other required immigration documentation to the requesting OUHSC department. A copy of your I-94 and a copy of your U.S. visa must be provided during your visit. See the following for details.

U.S. Tax Identification Number (TIN): Either a Social Security Number (SSN) or an Individual Tax Identification Number (ITIN). If you do not have a U.S. TIN, check “No TIN.” *Please note:* If you do not have a U.S. TIN, you are not eligible for any applicable tax treaty and 38% (30% for federal and 8% for state) may be withheld from your payment for taxes.

Visa Type: Select the visa status you anticipate using for the purpose/activity of your visit to OUHSC. If your status is not listed, please check “Other” and write the visa status on the line provided. If there is a form listed in parenthesis next to the visa status, please provide a copy of that documentation.

Primary Purpose/Activity of Visit: Select the purpose/activity that pertains to your visit to OUHSC. If your purpose/activity is not listed, please check “Other” and write your purpose/activity on the line provided.

Honorarium/Speaker Fee Payment Recipients Only: If you are receiving payment for an honorarium/speaker fee, complete this section. Under the American Competitiveness and Workforce Improvement Act of 1998 (ACWIA), a nonimmigrant may enter the United States in B-1 or Visa Waiver for Business(WB) status to participate in a “usual academic activity” for a period lasting no longer than nine (9) days at a single institution, and may be paid an honorarium as well as associated incidental expenses. The 9 day limitation applies to the event itself. A “**usual academic activity**” is defined as including lecturing, teaching, sharing knowledge, and attending meetings of boards and committees. Including this honorarium through OUHSC, an individual may not accept an honorarium from more than five (5) institutions in the previous six (6) month period which includes payments from OUHSC.

Visa Activity: Please list your very first entry into the U.S., as well as, your start and end date for your visit to OUHSC. If you are on an F or J visa, include all past visits to the U.S. since January 1, 1985. Attach an additional sheet if necessary.

Treaty Exemption: If you have a U.S. TIN and believe you qualify for an income tax treaty exemption, more documentation is required. An IRS form 8233 is used to claim exemption from withholding on compensation for independent personal services. The exemption must be based on a tax treaty to which the United States is a party. OUHSC Payroll Services will determine if the payee is eligible for the exemption per IRS regulations and University administrative procedures.

Questions: Contact the Accounts Payable Vendor’s Office at 271-2410 or ap-vendoroffice@ouhsc.edu.

**UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER – ACCOUNTS PAYABLE
INTERNATIONAL INFORMATION FORM**

Important: A copy your passport and OUHSC W-8 Substitute Vendor Form must be submitted to the requesting OUHSC department in addition to this form. A copy of your I-94 (Entry/Departure Record) and a copy of your U.S. visa must be provided during your visit to OUHSC.

PERSONAL INFORMATION:

Last Name/Surname _____ First Name _____ MI _____

*U.S. Tax Identification Number (TIN) _____ SSN ITIN No TIN

*If you do not have a U.S. TIN, you are not eligible for a tax treaty and your payment may be withheld 38% (30% for federal and 8% state) for taxes.

PASSPORT AND VISA INFORMATION:

Passport Number: _____ Country of passport/citizenship: _____

Country of tax residency if different from permanent residence address on OUSHC W-8 Substitute: _____

Visa Type – Select One (Provide a copy of the documentation listed in parenthesis)

- B-1 WB - Visa waiver for business J-1 (Non-student – DS2019) H1-B (I-797)
 B-2 WT - Visa waiver for tourism F-1/J-1 (Student- I-20) Canadian Visa Exempt
 Other _____

If you are on an F, J, or H visa, please list your sponsoring institution _____

Primary Purpose/Activity of Visit – Select One

- Speaker Fee Consulting Other _____

HONORARIUM/SPEAKER FEE PAYMENT RECIPIENTS ONLY:

- Will your affiliation with OUHSC exceed 9 days? Yes No
 Have you accepted an honorarium for more than 5 visits to any institution(s) including previous visits to OUHSC in the previous 6 month period? Yes No
 Is the activity to be performed a usual academic activity? Yes No
 Honorarium/Speaker fee amount \$ _____

VISA TYPE ACTIVITY – SUBSTANTIAL PRESENCE TEST:

Provide your original entry date into the United States: _____ / _____ / _____
 Month Day Year

Start date of current purpose/activity: _____ / _____ / _____ End date of current purpose/activity: _____ / _____ / _____
 Month Day Year Month Day Year

Visa Status History - If your current visa status is F or J, enter your visits to the U.S. since January 1, 1985

Date of Entry to U.S.	Date of Exit from U.S.	Visa Type	Visa #	Primary Purpose/Activity	Country of Tax Residence	Treaty Exemption
/ /	/ /					<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /					<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /					<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION:

I hereby certify that the above information is true and correct. I understand that if my status changes, I must submit a new International Information Form.

Signature _____ Date _____