

FOREIGN NATIONAL INFORMATION FORM

Must be completed by **ALL** foreign nationals

All applicable questions below must be answered. A copy of your I-94 Travel History (available online at <https://i94.cbp.dhs.gov/>), copy of your passport including visa page, and I-20 or DS-2019 must be attached to this form.

(1) Last or Family Name: _____ First: _____ Middle _____

(2) U.S. Social Security Number or ITIN: _____ (3) Date of Birth: ____/____/____

(4) Campus Wide Identification Number (CWID): _____

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|---|---|
| <p>(5) U.S. MAILING ADDRESS: Address Line 1: _____ Address Line 2: _____ City: _____ State: _____ Zip: _____ Home Telephone: _____ Office Telephone: _____ Email Address: _____</p> | <p>(6) FOREIGN RESIDENCE ADDRESS: Address Line 1: _____ Address Line 2: _____ Address Line 3: _____ City: _____ Postal Code: _____ Province/Region: _____ Country _____</p> |
|---|---|

(7) Country of Citizenship: _____ (8) Country that issued passport: _____
 (9) Passport Number: _____ (10) Visa Number (red number): _____
 (11) Expiration Date of Passport: _____
 (12) Have you ever had another immigration status in the United States? Yes No **If yes, see page 2.**

(13) IMMIGRATION STATUS:

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

(14) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? (CHECK ONE)

01 Student 05 Professor 12 Research Scholar
 02 Short Term Scholar Other _____

(15) WHAT IS THE ACTUAL PRIMARY PURPOSE OF THE VISIT? (CHECK ONE)

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

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| <p>(16) WHAT IS THE FIRST DATE YOU ENTERED THE UNITED STATES IN YOUR PRESENT IMMIGRATION STATUS?</p> <p style="text-align: center;">____/____/____ Month / Day / Year</p> | <p>(17) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THE PRIMARY PURPOSE?</p> <p style="text-align: center;">____/____/____ Month / Day / Year</p> | <p>(18) WHAT IS THE PROJECTED END DATE (DEPARTURE DATE) OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY?</p> <p style="text-align: center;">____/____/____ Month / Day / Year</p> |
|---|---|---|

| | | |
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| <p>(19) INCOME PROVIDING ACTIVITY (Example: Postdoc, GTA, GRA, On-campus job, Scholarship/Fellowship)</p> | <p>(20) What type of student?</p> <p><input type="checkbox"/> Undergraduate <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral <input type="checkbox"/> Other _____</p> | <p>(21) Married <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse in U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No Number of other dependents _____</p> |
|---|---|--|

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| <p>(22) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS: Do you/will you have an office (fixed base) in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many days in this tax year did you/will you have an office (fixed base)? _____ Days</p> | <p>(23) COUNTRY OF TAX RESIDENCE, IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS:</p> <p>Did tax residency end? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? ____/____/____ Month / Day / Year</p> |
|---|--|

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 submit a new Foreign National Information Form to the UA Tax Office, Box 870136, Room 365-A Rose Administration, Tuscaloosa, AL 35487.

Signature: _____ Date: ____/____/____

FOREIGN NATIONAL INFORMATION FORM (Page 2)
Must be completed before you can receive any form of payment

**Please list any visa immigration activity in last three calendar years
 And all F, J, M, or Q Visa since 01/01/86:**

| Date of Entry | Date of Exit | Visa Immigration Status (B, F, H, J) | J-1 Subtype | Primary Purpose | Have you taken 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 |
| _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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Signature: _____ Date: ____/____/____

FOR USE BY UA TAX OFFICE ONLY:

| Date Reviewed | Initials |
|---------------|----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM:

1. Name: List full name.
2. Social Security Number: Enter US social security number issued by the US Social Security Administration not your ID number. Do not list numbers not assigned by the United States Social Security, i.e. Canadian social security number. All employees must have a social security number in order to work. If none enter your ITIN issued by the IRS.
3. Enter your Date of Birth (Month/Day/Year)
4. Enter your email address.
5. U.S. Mailing Address: List your local street or mailing address.
6. Residence: List your non US address.
7. Country of Citizenship(s)
8. Country that Issued Passport: List Country in which you were issued your passport. Not the country where it was issued.
9. Passport #: Enter your passport number.
10. Visa #: Enter your Visa number.
11. Enter expiration date of passport (Month/Day/Year)
12. Immigration Status: Check yes or no. If yes, complete the above form for the time you were present in the United States. Approximate if you do not know.
13. Immigration Status: Check the type of immigration status that you currently hold. If you check U.S. Immigrant/Permanent Resident, holder of a "green" card, you may proceed to the bottom of the form. Sign and date.
14. Immigration Status for J-1: Check the appropriate J-1 subtype.
15. Actual Primary Activity: Check one activity.
16. Actual Entry Date into the United States: Must include month, day, and year. Approximate if you do not know.
17. Start Date: Must include month, day, and year. Approximate if you do not know.
18. End Date: Must include month, day, and year. Approximate if you do not know.
19. Occupation: Describe in general the service you will perform.
20. Check the appropriate box.
21. Is your spouse in USA?: Check the appropriate box. Give number of other dependents in the USA?
22. Consultants/Self-employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you.
23. Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.