FOREIGN NATIONAL INFORMATION FORM

The Foreign National Form must be completed before you can receive any form of payment. All applicable questions below must be answered. A copy of both sides of your 1-94 card, copy of your ID page from your passport, current U.S. visa, and I-20 or DS-2019 must be attached to this form. This form must be returned to the Office for International Taxation before any check can be issued by the Payroll or Accounts Payable Department and must also be completed by anyone receiving tuition remission/scholarship.

General Information

Last or Family Name: ________________________________  First: _________________________  Middle: ___________________________
Social Security # or ITIN #: ____________________________________________  UR ID #: __________________________________________
Date of Birth: _______________________________________  Place of Birth: ______________________________________

U. S. LOCAL STREET ADDRESS:
Address Line 1: ______________________________________  Address Line 2: ______________________________________  Address Line 3: ______________________________________
City: ________________________________________  State: __________________  Zip: __________________

FOREIGN RESIDENCE ADDRESS:
Address Line 1: ______________________________________  Address Line 2: ______________________________________
City: ________________________________________  Postal Code: _____________  Province/Region: _____________
Foreign Country: ______________________________________

Email Address: __________________________________________________________________________________________

Country of Citizenship: ______________________________________  Country Issuing Passport: ______________________________________
Country of Tax Residency: ______________________________________  Passport #: ______________________________________
US Visa #: ______________________________________  Passport Expiration Date: ______________________________________
US Visa Expiration Date: ______________________________________
I-94 Entry Date: _____________  Exit Date: _____________

Have you ever had another immigration status in the United States?  ___Yes  ___No  If yes, see page 2.

Current Visit Information

SPONSORING INSTITUTION FOR CURRENT VISA:

IMMIGRATION STATUS:
___ U. S. Immigrant/Permanent Resident -- Alien Registration Receipt Card (green card): #A
___ F-1 Student  __B-1 Business Visitor  ___VWB Visa Waiver for Business
___ J-1 Exchange Visitor  ___H-1 B Temporary Employee  ___Canadian Walk Over (w/I-94 Card)
___ Other: ___________________________

WHAT IS THE ACTUAL PRIMARY ACTIVITY 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

IF IMMIGRATION STATUS IS F-1, WHAT IS THE STUDENT TYPE?:
___ Undergraduate  ___ Masters  ___ Doctoral  ___ Other: ___________________________

IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE?:
___ 01 Student  ___ 05 Professor  ___12 Research Scholar
___ 02 Short Term Scholar  ___ Other: ___________________________

WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES?:  ___/___/___

WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?:  ___/___/___

WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY?:  ___/___/___

FOR EMPLOYEES OF THE UNIVERSITY OF RICHMOND:
Income Providing Activity (i.e. Professor of Chemistry): ___________________________
Spouse in the USA?: ___________________________  Number of Dependents: _____________

FOR CONSULTANTS AND SELF EMPLOYED INDIVIDUALS:
Do you have an office (fixed base) in the U.S.?  ___Yes  ___No  If yes, how many days?: _____________
**FOREIGN NATIONAL INFORMATION FORM**

**Previous Visa Information (Substantial Presence Test)**

Please list all F, J, M, Q or H visas since 1/1/85:
(Note: F & J students do not need to list short vacations home during semester breaks)

<table>
<thead>
<tr>
<th>Date of Entry</th>
<th>Date of Exit</th>
<th>Visa Immigration Status</th>
<th>J-1 Subtype</th>
<th>Primary Activity</th>
<th>Have You Taken Any Treaty Benefits</th>
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Please list all other US visa activity in last three calendar years (list all visits to the USA):

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**Certification**

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 Office for International Taxation.

Signature:_________________________________________________________ Date:_______________________

**Office of International Taxation Use Only**

Copies of Documents Attached to Form:
- [ ] Passport
- [ ] Visa
- [ ] I-94 Card
- [ ] Social Security Card (if appropriate)
- [ ] I-20
- [ ] DS-2019
- [ ] H-1B
- [ ] Invitation Letter (with dates & purpose)

Copies of Completed and Signed Forms:
- [ ] Nonimmigrant Visa Waiver Checklist (if appropriate)
- [ ] Compliance Statement Form
- [ ] Employee-Independent Contractor Identification Form
- [ ] Check Request Form (receipts attached, if required)
- [ ] W8-BEN
- [ ] W-9
- [ ] 8233

Department Sponsoring Visitor:  ______________________________________________________________________________
Department Contact:  _________________________________________________________  Telephone Number:  ______________
Email Address:  _____________________________________________________________________________________________