

## 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 I-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: \_\_\_\_\_

<b>U. S. LOCAL STREET ADDRESS:</b> Address Line 1: _____ Address Line 2: _____ Address Line 3: _____ City: _____ State: _____ Zip: _____	<b>FOREIGN RESIDENCE ADDRESS:</b> Address Line 1: _____ Address Line 2: _____ City: _____ Postal Code: _____ Province/Region: _____ Foreign Country: _____
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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: \_\_\_\_\_

<b>WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES?:</b> ____/____/____ Month Day Year	<b>WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?:</b> ____/____/____ Month Day Year	<b>WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY?:</b> ____/____/____ Month Day Year
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**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?: \_\_\_\_\_

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**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)

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Have You Taken Any Treaty Benefits
					___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No

**PLEASE LIST ALL OTHER US VISA ACTIVITY IN LAST THREE CALENDAR YEARS (List all visits to the USA):**

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Have You Taken Any Treaty Benefits
					___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No

**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: \_\_\_\_\_