University of Pennsylvania Foreign National Information Form

All applicable questions below must be answered. A copy of your I-94 Card, VISA, Passport and an I-20 / DS-2019 or I-797 must be attached to this form. This form must be returned before any check can be issued by Payroll or Accounts Payable.

This section is to be completed by Department Representative.

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Purpose for submitting this form: o Employee (mark the appropriate box below) o New to University o Change in Visa Status o Tax Treaty Renewal		o Independent Contractor/Honorarium (Amou o Scholarship/Fellowship (Amount <u>\$</u> o Other (/			
Annual Salary <u>\$</u>					
Position Title Department Name		Department Contact Person			
		Email Address			
Campus Address		Telephone Number	Ext.		
The remainder of this form is to be complete	d and signed	by Foreign National.			
1. Last or Family Name	First	Middle Mr., Mrs.,	, Ms., Dr. (Circle One)		
2. Social Security # or Temp ID#		3. Date of Birth / ///	 Year		
4. U.S. Local Street Address Address Line 2					
AddressLine 3					
City					
State Zip Code		Province/Region Postal Code			
Telephone Number ()		Country			
6. Country of Citizenship		7. Country that issued Passport Passp	oort # / Expiration Date		
8. Visa # (not the control number)		9. Email Address			
10. Your Current U.S. Immigration Status					
 U.S. Immigrant/Permanent Resident J-1 Exchange Visitor 		I Student 1 Temporary Employee Other	or Child of Exchange Visito		

11. If Immigration Status is J-1, What is the C	category?	
□ 01 Student □ 02 Short Term Scholar	 05 Professor 07 Alien Physician 	12 Research Scholar Other
12. What is the Primary Purpose of your Curr	ent Stay in the U.S.?	
 O1 Studying in a Degree Program O2 Studying in a Non-Degree Program O3 Teaching O4 Lecturing 	 05 Observing 06 Consulting 07 Conducting Research 08 Training 	 09 Demonstrating Special Skills 10 Clinical Activities 11 Temporary Employment 12 Here with Spouse
13. What is the Actual Date you first entered the U.S in your present immigration status?	14. What is the Start Date on your current immigration form (i.e., DS2019, I-20, or I-797, as applicable)?	15. What is the Projected End Date of your present immigration status?

The Foreign National Information Form must be completed before you can receive any form of payment.

□ Undergraduate □ Graduate	17. If Married, is Spouse in U.S.? ☐ Yes ☐ No Number of other dependents here, excluding spouse?
18. For Independent Contractors/Self-Employed Individuals: Do you/will you have an office (fixed base) in the U.S.?	19. Country of Tax Residence if Different from Foreign Residence Address:
Yes INO If yes, how many days in this tax year did you/will you have office (fixed base)?Days	Did tax residency end? □ Yes □ No If yes, when? ///

Prior U.S. Immigration Activity

Date of Entry to U.S.	Date of Exit from U.S.	Visa Immigration Status	J-1 Subtype (if J-1 status)	Purpose of Stay	Have You Taken Any Treaty Benefits?	
//	//				o Yes	o No
//	//				o Yes	o No
//	/				o Yes	o No
//	/				o Yes	o No
//	/				o Yes	o No
//	//				o Yes	o No
Please attach s	eparate sheet, if	necessary.				

Please type form, if possible. Otherwise, print neatly.



PLEASE RETURN THIS FORM TO: Payroll Tax Office 3451 Walnut St Room 310, Philadelphia, PA 19104

I hereby certify that all of the above information is COMPLETE, 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.

Signature _____

Date _____