

# NON-RESIDENT ALIEN INFORMATION FORM

TAX YEAR : \_\_\_\_\_

All applicable questions below must be answered. A copy of both sides of your I-94 Form "Arrival and Departure Record," (a small white card inside your passport,) a copy of your U.S. VISA from your passport, and I-20 or IAP66 must be attached to this form. Then bring to Warriner 204 (Payroll/Travel Services Office)

(1) Last or Family name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

(2) Social Security #: \_\_\_\_\_ (3) Date of Birth: \_\_\_\_\_

<b>(4) U.S. LOCAL ADDRESS:</b>
Line 1: _____
Line 2: _____
City: _____
State: _____ Zip: _____

<b>(5) FOREIGN PERMANENT RESIDENCE ADDRESS:</b>
Line 1: _____
City: _____
Postal Code: _____ Province/Region: _____
Foreign Country: _____

(6) Country of Citizenship: \_\_\_\_\_ (7) Country That Issued Passport: \_\_\_\_\_

(8) Passport #: \_\_\_\_\_ (9) Visa #: \_\_\_\_\_  
(Not the control number that begins with a year)

(10) Do you have multiple exits and entries to the United States  Yes  No If yes, list on page 2.  
Enter all of your entry and exit dates on the back

**(11) IMMIGRATION STATUS:**

- |  |  |
|--|--|
| <input type="checkbox"/> U.S. Immigrant/Permanent Resident | <input type="checkbox"/> F-1 Student                             |
| <input type="checkbox"/> J-1 Exchange Visitor              | <input type="checkbox"/> H-1 Temporary Employee                  |
| <input type="checkbox"/> Other: _____                      | <input type="checkbox"/> J-2 Spouse or Child of Exchange Visitor |

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

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> 01 Student            | <input type="checkbox"/> 05 Professor | <input type="checkbox"/> 12 Research Scholar |
| <input type="checkbox"/> 02 Short Term Scholar | <input type="checkbox"/> Other: _____ |  |

**(13) WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? CHECK ONE:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 01 Studying in a degree program     | <input type="checkbox"/> 05 Observing           | <input type="checkbox"/> 09 Demonstrating Special Skills |
| <input type="checkbox"/> 02 Studying in a non-degree program | <input type="checkbox"/> 06 Consulting          | <input type="checkbox"/> 10 Clinical Activities          |
| <input type="checkbox"/> 03 Teaching                         | <input type="checkbox"/> 07 Conducting Research | <input type="checkbox"/> 11 Temporary Employee           |
| <input type="checkbox"/> 04 Lecturing                        | <input type="checkbox"/> 08 Training            | <input type="checkbox"/> 12 Here with Spouse             |

**(14) WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES?**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**(15) WHAT IS YOUR HIRE DATE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**(16) WHAT IS YOUR PROJECTED DEPARTURE DATE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**(17) JOB DESCRIPTION**

( e.g. PROFESSOR OF CHEMISTRY )  
\_\_\_\_\_

**(18) WHAT TYPE STUDENT?**

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Masters |
| <input type="checkbox"/> Doctoral      | <input type="checkbox"/> Other   |

**(19) SPOUSE IN USA?**

Yes  No  
Number of Dependents? \_\_\_\_\_

**(21) COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN**

**RESIDENCE ADDRESS:** (Did you pay tax in another country other than where you live?)

Did tax residency end? Yes  No  If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

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 Non-Resident Alien Information Form to the CMU Payroll Department at Warriner 204.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Local Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**FOREIGN NATIONAL INFORMATION FORM (PAGE 2)**

The Foreign National Information Form 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 VISAS SINCE 1/1/85

Date of Entry	Date of Ex	Visa Immigration Status	-1 Subtype	Primary Acti	Have you taken any Treaty Benefits	
					Yes	No
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**VISA IMMIGRATION STATUS:**

<input type="checkbox"/> U.S. Immigrant/Permanent Resident	<input type="checkbox"/> F-1 Student	<input type="checkbox"/> J-2 Spouse or child of Exchange Visitor
<input type="checkbox"/> J-1 Exchange Visitor	<input type="checkbox"/> H-1 Temporary Employee	
<input type="checkbox"/> Other: _____		

**PRIMARY PURPOSE:**

<input type="checkbox"/> 01 - Studying in a degree program	<input type="checkbox"/> 05 - Observing	<input type="checkbox"/> 09 - Demonstrating Special Skills
<input type="checkbox"/> 02 - Studying in a Non-Degree program	<input type="checkbox"/> 06 - Consulting	<input type="checkbox"/> 10 - Clinical Activities
<input type="checkbox"/> 03 - Teaching	<input type="checkbox"/> 07 - Conducting Research	<input type="checkbox"/> 11 - Temporary Employee
<input type="checkbox"/> 04 - Lecturing	<input type="checkbox"/> 08 - Training	<input type="checkbox"/> 12 - Here with Spouse
<input type="checkbox"/> 99 - Other, please specify: _____		

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 Payroll Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM:**

- Name: List full name
- Social Security Number: Enter US social security number issued by the US Social Security Administration not your ID number.
- ID#: Enter your Employee/Student/Faculty Identification Number.
- Local Street Address: List your local US address.
- Residence: List your non US address.
- Country of Citizenship(s).
- Country that Issued Passport: List Country in which you were issued your passport. Not the country where it was issued.
- Passport #: Enter your passport number.
- Visa #: Enter your Visa number.
- Immigration Status: Check yes or no. If yes, complete the above form for the time you were present in the United States.
- Immigration Status Check the type of immigration status that you currently hold. If you check U.S. Immigrant/Permanent
- Immigration Status for J-1: Check the appropriate J-1 subtype.
- Actual Primary Activity: Check one activity.
- Actual Entry Date into the United States: Must include month, day, and year. Approximate if you do not know.
- Start Date: Must include month, day and year. Approximate if you do not know.
- End Date: Must include month, day, and year. Approximate if you do not know.
- Occupation: Describe in general the service you will perform.
- Check the appropriate box
- Is your spouse in the USA?: Check the appropriate box. Give number of other dependents in the USA.
- Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.