

Grand Valley State University

FOREIGN NATIONAL INFORMATION FORM (PAGE 1)

The Foreign National Information Form MUST be completed and returned before you can receive any form of payment.
 All applicable questions below must be answered. A copy of: both sides of your I-94 Form, your US VISA from your passport, the picture page of your passport, and an I-20 or DS2019 form must be submitted with this form.

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

(2) Social Security # _____ (3) ID #: _____

(4) U.S. LOCAL ADDRESS:

(4) _____

(4) _____

(4) _____

(4) City: _____

(4) State: _____ Zip Code: _____

(5) FOREIGN RESIDENCE ADDRESS:

(5) Address line 1: _____

(5) Address line 2: _____

(5) Address line 3/City: _____

(5) Postal Code: _____ Province/Region: _____

(5) Foreign County: _____

(6) Country of Citizenship: _____ (7) County that Issued Passport: _____

(8) Passport #: _____ (9) Visa #: _____

(not the Control # that begins with a year)

(10) Have you ever had previous immigration status in the United States? Yes No If yes, see page 2.

(11) IMMIGRATION STATUS:

U.S. Immigrant / Permanent Alien

F-1 Student

J-2 Spouse or Child of Exchange Visitor

J-1 Exchange Visitor

H-1 Temporary Employee

O-2 Personnel Accompanying O-1 Alien

O-1 Alien of Extraordinary Arts Ability

P-1 Int'l. Renowned Performing Group

P-3 Culturally Unique Performers/Groups

Other _____

(12) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE?

01 Student

05 Professor

12 Research Scholar

02 Short Term Scholar

Other: _____

(13) WHAT IS THE PRIMARY ACTIVITY OF THE VISIT?

01 Studying in a Degree Program

02 Studying in a Non-Degree Program

03 Teaching

04 Lecturing

05 Observing

06 Consulting

07 Conducting Research

08 Training

09 Demonstrating Special Skills

10 Clinical Activities

11 Temporary Employee

12 Here with Spouse

(14) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?

____/____/____

Month Day Year

(15) WHAT IS THE ACTUAL DATE YOU ENTERED THE U.S.A.?

____/____/____

Month Day Year

(16) WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS FOR THIS ACTIVITY?

____/____/____

Month Day Year

(17) INCOME PROVIDING ACTIVITY (e.g. Professor of Chemistry)?

(18) IF A STUDENT, WHAT TYPE?

Undergraduate Masters

Doctoral Other _____

(19) SPOUSE IN U.S.A.?

Yes No

No. of dependents _____

(20) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS:

Do you/will you have an office (fixed base) in the U.S.A.?

""Yes" No If yes, how many days in this tax year will you have the office (fixed base?) No. of Days: _____

(21) COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS: _____

Did tax residency end? Yes No If yes, when? ____/____/____

*** PLEASE SEE REVERSE ***

FOREIGN NATIONAL INFORMATION FORM (PAGE 2)

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PLEASE LIST ANY U.S. VISA IMMIGRATION ACTIVITY IN LAST 3 CALENDAR YEARS and ALL F, J, M or Q VISAS since 1/1/85:					
Date of Entry (Month / Day/Year)	Date of Exit (Month / Day/Year)	Visa Immigration Status	If 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
___/___/___	___/___/___	_____	_____	_____	Yes No
___/___/___	___/___/___	_____	_____	_____	Yes No

<i>Reference information for the above table:</i>		
SAMPLE IMMIGRATION STATUS: U.S. Immigrant / Permanent Alien F-1 Student H-1 Temporary Employee J-1 Exchange Visitor J-2 Spouse or Child of Exchange Visitor O-1 Alien of Extraordinary Ability/Arts O-2 Personnel Accompanying O-1 Alien P-1 Int'l Renowned Performing Group P-3 Culturally Unique Performers/Grp.	SAMPLE J-1 SUBTYPES: 01 Student 02 Short Term Scholar 05 Professor 12 Research Scholar	PRIMARY ACTIVITIES: 01 Studying in Degree Program 02 Studying in Non-Degree Program 03 Teaching 04 Lecturing 05 Observing 06 Consulting 07 Conducting Research 08 Training 09 Demonstrating Special Skills 10 Clinical Activities 11 Temporary Employee 12 Here with Spouse

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 Tax Manager.

Signature: _____ Date: _____

INSTRUCTIONS FOR THE FOREIGN NATIONAL INFORMATION FORM:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Name: List full name. 2. Social Security Number: Enter US social security number issued by the US Social Security Administration. Do not list numbers not assigned by US Social Security, i.e. Canadian social security numbers. If none, enter your TIN issued by IRS. If SSN not yet available, attach proof of application thereof. 3. ID# - not necessary from visiting artists. 4. Local Street Address: Will ultimately be your hotel – but for the college’s purposes – a Center for the Arts contact is best. 5. Residence: List your non-US address. 6. Country of Citizenship(s). 7. Country that issued the passport. List Country in which you were issued your passport. 8. Passport #. Enter your Passport Number. 9. Enter your Visa # - Not the Control # that begins with a year. 10. Immigration Status - previous. Check Yes or No. If yes, complete table above. Approximate if you don’t know. 11. Immigration Status: Check the type of immigration status that you currently hold. If you check US Immigrant/Permanent Resident, holder of a “green” card, you may proceed to the end of the form – simply sign and date above. | <ol style="list-style-type: none"> 12. Visa Immigration Status for J-1: Check the appropriate J-1 subtype. 13. Actual Primary Activity: Check ONE activity only. 14. Start Date: MUST include month, day, year in that order. Approximate if you don’t know. 15. Actual Entry Date in the United States: MUST include month, day, year in that order. Approximate if you don’t know. 16. End Date: MUST include month, day, year in that order. Approximate if you don’t know. 17. Occupation: Describe in general the service you will perform. 18. Student Type: If applicable, check appropriate box. 19. Is your spouse in the USA? Check the appropriate box. Give number of other dependents in the USA, too. 20. Consultants / Self-employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you. 21. Tax Residence: List country where you last paid taxes as a resident. This CAN be different from your legal residence. Do NOT include the USA. |
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