

## FOREIGN NATIONAL INFORMATION WORKSHEET

To ensure correct determination of your tax status, all applicable questions below must be answered and a copy of the following forms must be attached:

- I-94 Form "Arrival and Departure Record" (a small white card inside your passport)
- U.S. Visa from your passport
- I-20, DS-2019, or I-797 (H1-B)
- Copy of your Social Security Card (requested for name and number verification)

Mr.    Mrs.   Last (Family) Name \_\_\_\_\_ First \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ ( if you have applied for, but not received your Social Security number please indicate "Applied For" and when you receive it, please forward a copy of the Social Security Card)

**\*If you are Canadian, your Canadian Taxpayer Number is unacceptable; this number must be a U.S. Social Security Number**

**UB Person Number** \_\_\_\_\_ (from your UB Card)

Are you a lawful permanent resident of the U.S. (hold an Alien Registration Receipt Form I-551)?       Yes\*     No  
\* if "Yes" please proceed to the bottom of page 2, sign Certification, and attach a copy of your I-551

**Your email address:** \_\_\_\_\_

**U.S. Address:**

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Foreign Residence Address (please complete on lines as it should appear):**

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

City \_\_\_\_\_

Providence/Region \_\_\_\_\_ Postal Code \_\_\_\_\_

Foreign Country\*\* \_\_\_\_\_

\*\* If Canada and you are not a Canadian citizen, please attach a copy of your "Landing Document"

\*\* If Canada, do you commute?    Yes    No

\*\* If you do commute, how many days a week? \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Country that issued Passport \_\_\_\_\_ Passport # \_\_\_\_\_

Occupation (job title) \_\_\_\_\_

How much money will you earn by working from January to December of this year? \$ \_\_\_\_\_

Are you currently working on Optional Practical Training?    Yes    No

If so, what are the effective dates of your OPT appointment? Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Do you plan on working on Optional Practical Training in the future?    Yes    No

If so, when are you expecting to begin OPT? Start Date \_\_\_\_\_

**OVER**

Immigration Status, check one:  F-1 Student  J-1 Exchange Visitor  H-1 Temporary Employee  
 J-2 Spouse/Child of J-1 Student  J-2 Spouse/Child of J-1 Non-Student (e.g. Research Scholar)  Other

If J-1 or J-2 select sub-type as indicated on Visa status:  
 Student  Short Term Scholar  Professor  Research Scholar  Other

What is the primary purpose of the visit, check one:  Studying in a Degree Program  Studying in a Non-Degree Program  
 Teaching  Conducting Research  Lecturing  Training  Temporary Employment  Here with Spouse

If studying in a Degree Program, what type of student:  Undergraduate  Masters  Doctoral  Other

Date you first entered the U.S. \_\_\_\_/\_\_\_\_/\_\_\_\_

Visa Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Visa Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Visa # \_\_\_\_\_

Please list all visits to the U.S. in any visa status (e.g. B-1/B-2, F-1, F-2, J-1, J-2, H-1B, O-1, TN, etc.):

Date of Entry	Date of Exit	Visa Type	Primary Purpose	Claimed Treaty Benefits
____/____/____	____/____/____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CERTIFICATION**

I certify that the information provided above is true and that I am subject to penalties for perjury if false. In addition, I agree to notify the Foreign National Tax Unit immediately if any of the information I provided on this form changes.

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

RETURN TO: UB Foundation  
Center for Tomorrow