

University of New Orleans

FOREIGN NATIONAL TAX INFORMATION FORM (PAGE 1)

All non-U.S. citizens who receive compensation from UNO must complete this form and return to the International Tax Coordinator, UC 260, before you can receive any form of payment. All applicable questions below must be answered and a copy of the following documents must be attached: • Unexpired Passport • I-94 Form "Arrival and Departure Record" • US Visa from your Passport • I-20, DS2019 or I-797(H1-B) • Social Security Number Original documents will be required for verification purposes.

INSTRUCTIONS ARE ON REVERSE

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

(2) Date of Birth _____ (3) Social Security # _____ (4) UNO ID # _____

(5) U.S. LOCAL ADDRESS:

City: _____ State: _____ Zip Code: _____

Phone: (W) _____ (H) _____

Email Address: _____

(6) FOREIGN RESIDENCE ADDRESS:

City: _____ Postal Code: _____

Province/Region _____ Foreign Country: _____

Phone: _____

(7) Country of Citizenship: _____ (8) Country that Issued Passport: _____

(9) Passport #: _____ (10) Passport Expiration Date: _____ (11) Visa #: _____

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

(13) IMMIGRATION STATUS

U.S. Immigrant / Permanent Alien

F-1 Student

B-1/B-2 Visitor for Business/Pleasure

J-1 Exchange Visitor

H-1b Temporary Employee

TN-1 Trade NAFTA

Other _____

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

01 Student

05 Professor

12 Research Scholar

02 Short Term Scholar

Other _____

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

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

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

_____/_____/_____
 Month Day Year

(17) IF A STUDENT, WHAT TYPE?

Undergraduate Post Doctorate

Graduate Other _____

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

_____/_____/_____
 Month Day Year

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

_____/_____/_____
 Month Day Year

(20) INCOME PROVIDING ACTIVITY AND DEPARTMENT IN WHICH YOU WILL BE EMPLOYED

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

Yes No

No. of dependents _____

(22) 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: _____

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

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

FOREIGN NATIONAL TAX INFORMATION FORM (PAGE 2)

The Foreign National Tax Information Form MUST be completed and returned before you can receive any form of payment.

(24) HONORARIUM

Will the activity to receive the Honorarium last more than 9 days?

Yes No

Did you receive an Honorarium from more than 5 organizations in the prior 6 months?

Yes No

Is the activity to be performed a normal academic activity?

Yes No

PLEASE LIST ANY U.S. IMMIGRATION ACTIVITY IN LAST 5 CALENDAR YEARS and ALL F, J, M or Q Statuses since 1/1/85:

Date of Entry (Month / Day/Year)	Date of Exit (Month / Day/Year)	Immigration Status	If J-1, Subtype	Primary Activity	Have you taken any 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
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification of Information

I certify that all of the above information is true, correct, and complete. I understand it is my responsibility to keep my employment authorization documents—including passport, I-20, DS2019, or other INS employment authorization –current (unexpired) at all times. Also, I understand that if my status changes from that which I have indicated on this form, I must submit a new Foreign National Tax Information Form to: International Tax Coordinator

Signature: _____ Date: _____

INSTRUCTIONS FOR THE FOREIGN NATIONAL TAX INFORMATION FORM:

For questions regarding this form, please contact King Chan, (504) 280-3207; kchan@uno.edu

It is important that you answer all applicable questions and as accurately as possible.

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Name: List full name. 2. Date of Birth 3. 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 ITIN issued by IRS. If SSN not yet available, attach proof of application for SSN or ITIN 4. UNO ID# - 7- digit UNO number 5. Local Street Address: 6. Foreign Residence: List your non-US address. 7. Country of Citizenship(s). 8. Country that issued the passport. List Country that issued your passport. 9. Passport #. Enter your Passport Number. 10. Enter the date your passport will expire. 11. Enter your Visa # - Not the Control # that begins with a year. It is normally the number in RED in the lower right corner of your Visa 12. Indicate if you have entered the U.S. in any other visa status, such as changing from a F-1 to a H-1 visa or if you have left the U.S. and returned. If you check yes, you will need to complete the table on the back and list each time you entered or reenter the U.S. and visa type. Exit date may be estimated if you do not know the exact date. Entry date must coincide with entry date stamped in your passport. 13. 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"> 14. Immigration Status for J-1: Check the appropriate J-1 subtype. 15. Actual Primary Activity: Check ONE activity only. 16. Start Date will be the actual date your current visa for your primary activity in the U.S. was issued. 17. Student type: if applicable, check appropriate box. 18. Actual Entry Date in the United States should be the first entry date stamped on your passport or I-94 19. End Date: enter the estimated date you will have completed your program or stay. Generally it will be indicated on your I-20 or related immigration document. 20. Income providing activity is the service you will be providing in which you will be compensated. Identify which department or office in which you will be employed with. e.g. GA – Chemistry Dept. 21. Is your spouse in the USA? Check the appropriate box. Give number of other dependents in the USA. 22. Consultants / Self-employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you. 23. 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. 24. Honorarium: Must be answered by anyone who will be receiving an honorarium and who enters the U.S. with a B-1, B-2, W-B or W-T visa. |
|--|---|

May be reproduced.