



SOUTHEASTERN LOUISIANA UNIVERSITY
Foreign Visitor Tax Assessment Intake Form

General Instructions

Please read before completing the form.

This form must be completed before you can receive any form of payment. All applicable questions below must be answered. The completed form must be presented with your passport and immigration documents at the time of appointment.

Personal/Passport Information

_____/_____/_____
(Family/Last) (Given/First) (Middle)

Date of Birth: *Month:* _____ *Day:* _____ *Year:* _____ **SSN/ITIN:** _____ - _____ - _____

Email: _____

Country of Citizenship: _____ **Country of Birth:** _____

Country that issued passport: _____

Visa Number (red number in lower right corner of stamp in passport): _____

Passport Number: _____ **Passport Expiration Date:** *Month:* _____ *Day:* _____ *Year:* _____

Address Information

U.S. Local Address:

Street Address: _____

City: _____ State: _____ Postal Code: _____

Foreign Residence Address (must include postal code, if applicable):

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____

Current Immigration Status

Please select one of the following that describes your current immigration status:

H-1B F-1 Student J-1 Exchange Visitor J-2 Dependent Other Category: _____

If J-1 Exchange Visitor, what category? Student Research Scholar Short-term Scholar Alien Physician

Other: _____

Primary Activity During This Visit

Please choose only one of the following that best describes your primary activity under your current status:

- Studying in a degree program Studying in a non-degree program Teaching Lecturing
- Observing Consulting Conducting Research Training Demonstrating Special Skills
- Clinical Activities Temporary Employment Here with Spouse

What was the start date of your immigration status for the current activity?
(In many cases, this is the date you entered the U.S.) _____/_____/_____

What is the projected end date of your primary activity?
(In many cases, this is the completion date on your immigration document.) _____/_____/_____

If you are a student, at what level do you study?
 Undergraduate Masters Doctoral Other: _____

Describe the activity that will result in U.S. income (i.e. professor of physics, consulting, teaching assistant, food service worker, scholarship, contest prize, etc.):

Indicate the amount of U.S. income anticipated during this calendar year: \$ _____

What university department/office will be providing the income? _____

Tax Exemption and Residency Information

Is your spouse in the U.S.? Yes No **Is your spouse employed?** Yes No

Do you have other dependents in the U.S. you would like to claim exemptions for? Yes No

If yes, how many? _____

What country did you live in before this visit to the U.S.? _____

Did you pay taxes as a resident of that country? Yes No

Did your tax residency in that country end prior to this visit to the U.S.? Yes No

If yes, when: *Month:* _____ *Day:* _____ *Year:* _____

U.S. Immigration History

Part 1

If the answer to either of the questions below is yes, please complete U.S. Immigration History, Part 2 below.

Have you ever had another immigration status in the United States? Yes No

Have you ever been present in the United States before this visit? Yes No

Part 2

Please list any F, J, M, or Q visa immigration activity since January 1, 1985, and all other visa immigration activity only for the past three calendar years.

Date of Entry	Date of Exit	Visa/Immigration Status	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
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No

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 the form I must submit a new Tax Assessment Intake Form.

Signature

Local Tel. Number

Date