

MUSC PURCHASING & AP TAX INFORMATION FORM FOR INTERNATIONALS (PAGE 1)

This form must be completed before you can receive any form of payment from MUSC.

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), copy of your **U.S. VISA** from your passport, and **1-20 or DS2019 or 1797A** must be attached to this form. This form must be returned before any check can be issued by the Accounts Payable Department and must also be completed by anyone receiving tuition remission/scholarship.

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

(2) Social Security #: _____ Date of Birth: _____

(3) U. S. LOCAL STREET ADDRESS: _____ (4) FOREIGN RESIDENCE ADDRESS: _____

(3) Address Line 2: _____ (4) Address Line 2: _____

(3) Address Line 3: _____ (4) Address Line 3/City: _____

(3) City: _____ (4) Postal Code: _____ Province/Region: _____

(3) State: _____ Zip: _____ (4) Foreign Country: _____

(5) Country of Citizenship: _____ (6) Country That Issued Passport: _____

(7) Passport # and Expiration: _____ (8) Visa #:(# in red) _____
(not the control number that begins with a year)

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

(10) IMMIGRATION STATUS:

- U.S. Immigrant/Permanent Resident F-1 Student J-2 Spouse or Child of Exchange Visitor
 J-1 Exchange Visitor H-1 Temporary Employee
 Other: _____

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

- 01 Studying in a Degree Program 05 Observing 09 Demonstrating Special Skills
 02 Studying in a Non-Degree Program 06 Consulting 10 Clinical Activities
 03 Teaching 07 Conducting Research 11 Temporary Employee
 04 Lecturing 08 Training 12 Here with Spouse

(12) WHAT IS THE ACTUAL DATE YOU FIRST ENTERED THE UNITED STATES IN YOUR PRESENT STATUS?:

____/____/____
Month/Day/Year

(13) WHAT IS THE START DATE OF YOUR CURRENT IMMIGRATION FORM (I-20, DS2019 OR I-797)?:

____/____/____
Month/Day/Year

(14) WHAT IS THE END DATE OF YOUR IMMIGRATION FORM (I-20, DS2019 OR I-797)?:

____/____/____
Month/Day/Year

(15) BASE OF OPERATIONS:

Do you/will you have an office (fixed base) in the USA?

- Yes No If yes, how many days in this tax year did you/will you have office (fixed base)? _____

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

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 Tax Information Form to Tax & Cash Management of **the Controller's Office**

Signature: _____ Date: _____ Local Phone Number: _____

MUSC Purchasing and AP TAX INFORMATION FORM FOR INTERNATIONALS (PAGE 2)

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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 Exit	Visa Immigration Status	J-1 Subtype (if applicable)	Purpose of Stay	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

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 Tax Information Form to the Tax & Cash Management of the Controller's Office.

Signature: _____ Date: _____

HOW TO COMPLETE THE MUSC TAX INFORMATION FORM FOR INTERNATIONALS:

1. Name: List full name.
2. Social Security Number: Enter US social security number issued by the US Social Security Administration not your ID number. Do not list numbers not assigned by the United States Social Security, i.e. Canadian social security number. All employees must have a social security number in order to work. If none enter your ITIN issued by the IRS.
3. Local Street Address: List your local US address.
4. Residence: List your non US address.
5. Country of Citizenship(s)
6. Country that Issued Passport: List Country in which you were issued your passport. Not the country where it was issued.
7. Passport # and Expiration: Enter your passport number and its expiration date.
8. Visa #: Enter your Visa number.
9. Immigration Status: Check yes or no. If yes, complete the above form for the time you were present in the United States. Approximate if you do not know.
10. Immigration Status: Check the type of immigration status that you currently hold. If you check U.S. Immigrant/Permanent Resident, holder of a "green" card, you may proceed to the bottom of the form. Sign and date.
11. What was your primary purpose for entering the U.S. in your current status? Check only one activity.
12. Actual Entry Date or Change of Status in the United States in your current immigration status. Must include month, day, and year. Approximate if you are unsure.
13. Start Date: Must include month, day, and year. Approximate if you do not know.
14. End Date: Must include month, day, and year. Approximate if you do not know.
15. Consultants/Self-employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you.
16. Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.

**Before any check can be issued, this form must be completed and returned to:
TAX SERVICES, CONTROLLER'S OFFICE**

**19 Hagood Avenue, MSC 817
Charleston, South Carolina 29425-8170
Telephone: (843) 792-5400**