

1. Last or Family Name:

First:

Middle:

2. Social Security #:

3. Banner #:

4. Date of Birth: MM/DD/YY

Address Line 2

Address Line 3/City

Postal Code

Providence/Region

Country

7. Country of Citizenship:

Other

17. If a Student, What Type?

Undergraduate Graduate  
Post Graduate Medical Student

18. Married?

Yes No

Spouse in USA?

Yes No

Recipient of a Scholarship/Fellowship from SLU?

Yes No

Number of dependents:

19. For Independent Contractors/Self-Employed Individuals:

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

Yes No

20. Country of Tax Residence if Different from Residence Address:

If Yes, how many days in this tax year did you/will you have Office (fixed base)? Days  
Prior U.S. Immigration Activity

Did tax residency end? Yes No

If yes, when?

21. Please list all periods of stay in the U.S. during the last 3 calendar years and periods since Jan. 1, 1985. (Please attach a separate sheet, if necessary)

all F, J, M, or Q Visa

| Date of Entry to US | Date of Exit from US | Visa Immigration Status | J-1 Subtype | Purpose of Stay | Have you Taken Treaty Benefits? (Yes or No) |
|---------------------|----------------------|-------------------------|-------------|-----------------|---|
| _____               | _____                | _____                   | _____       | _____           | _____                                       |
| _____               | _____                | _____                   | _____       | _____           | _____                                       |
| _____               | _____                | _____                   | _____       | _____           | _____                                       |
| _____               | _____                | _____                   | _____       | _____           | _____                                       |
| _____               | _____                | _____                   | _____       | _____           | _____                                       |
| _____               | _____                | _____                   | _____       | _____           | _____                                       |
| _____               | _____                | _____                   | _____       | _____           | _____                                       |
| _____               | _____                | _____                   | _____       | _____           | _____                                       |
| _____               | _____                | _____                   | _____       | _____           | _____                                       |
| _____               | _____                | _____                   | _____       | _____           | _____                                       |

DIRECTIONS: Please print all information neatly.

- Name: Print full name
- Social Security Number: Enter US social security number issued by the US Social Security Administration. Do not list numbers not assigned by U.S. Social Security Admin., i.e. Canadian social security number. All employees must have a social security number in order to work.
- Banner #: Enter your Banner Identification Number if applicable.
- U.S. Local Street Address. List your local home address.
- Foreign Residence Address. List your permanent address abroad.
- Visa Number. List your U.S. Visa Number (not the control number). It is usually an eight-digit number found below the expiration date.
- Actual Date of Entry, Start Date, and Projected End Date. Must include month, day, and year for all. Approximate if you are unsure.
- Current U.S. Immigration Status. Check the type of immigration status that you currently hold. If you check U.S. Immigrant/Permanent Resident, proceed to the bottom of the form. Sign & date.
- Independent Contractors/Self-Employed Individuals. Check the appropriate box. This includes any office at any location specifically identified with you.
- Tax Residency. Tax residence is where you last paid taxes as a resident, and can be different from legal residence. Do not include the U.S. unless you have met the Substantial Presence Test.
- Sign and date form below.

If your country has a tax treaty with the U.S., but you elect not to use these benefits, please initial here. \_\_\_\_\_

I hereby certify that all of the above information is COMPLETE, TRUE, and CORRECT. I understand that if my status changes from that which I indicated on this form, I must submit a new Foreign National Tax Information Form.

Signature \_\_\_\_\_ Date \_\_\_\_\_