

# TAX TREATY RENEWAL ONLY

## University of Florida

### Foreign National Information Form (FNIF)

Enlarged copies of the following documents are required:

#### DO NOT USE STAPLES

- 1) xerox copy of U.S. VISA - (from the passport)
- 2) I-94 Form, Print both the I-94 AND Travel History at <https://i94.cbp.dhs.gov>
- 3) If applicable, xerox copy of EAD Card (Employment Authorization Card for OPT)

Please complete each section in its entirety. Leaving sections blank will have this form resent to you, and may result in treaty benefits being delayed. ***If this is your first visit or initial hire with UF you may have received this form in error. In this case, please complete the Foreign National Information Form at [http://www.fa.ufl.edu/wp-content/uploads/payroll/FNIF\\_Form.pdf](http://www.fa.ufl.edu/wp-content/uploads/payroll/FNIF_Form.pdf)***

Department Name  
Health Outcomes and Policy  
 Department PO Box  
100177  
**IF UNSURE, ASK YOUR DEPARTMENT**

**REQUIRED!!!**  
 Name of your Dept contact for paperwork  
Bell, Cherrir  
 Estimated 2018 Wages from UF  
24000

1. Surname <u>Yang</u>		First <u>Xi</u>	Middle _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Dr.
2. Social Security # or ITIN # <u>869-23-2157</u>		UFID # <u>16216573</u>		3. Date of Birth <u>08</u> / <u>29</u> / <u>1988</u>
<input type="checkbox"/> Applied for SSN * <small>*Attach letter from Social Security Administration</small>		Month Day Year		
4. U.S. Local Street Address <u>289 Corry Village</u> Address Line 2 <u>Apt 22</u> Address Line 3 _____ City <u>Gainesville</u> State <u>FL</u> Zip Code <u>32603</u> Telephone Number ( <u>352</u> ) <u>2133259</u> Email <u>alexgre@ufl.edu</u>		5. Foreign Residence Address <u>7-5-1502 Yangguanggongyu</u> Address Line 2 <u>Shuishangongyuan East Rd.</u> Address Line 3 _____ City <u>Tianjin</u> Postal Code <u>300191</u> Province/Region <u>Tianjin</u> Province/Region Postal Code _____ Country <u>China</u>		
6. Country of Citizenship <u>China</u>		7. Country that issued Passport <u>China</u>		
8. Passport Number <u>G40180034</u>		9. Visa Number (not control number) <u>J</u>		
10. Your Current U.S. Immigration Status: <input type="checkbox"/> U.S. Immigrant/Permanent Resident <input type="checkbox"/> OPT <input checked="" type="checkbox"/> F-1 Student <input type="checkbox"/> Other _____ <input type="checkbox"/> J-1 Exchange Visitor <input type="checkbox"/> H-1 Temporary Employee <input type="checkbox"/> J-2 Spouse or Child of Exchange Visitor				
11. If Immigration Status is J-1, What is the Category? <u>Check Only One</u> <input type="checkbox"/> 01 Student <input type="checkbox"/> 03 Professor <input type="checkbox"/> 05 Research Scholar <input type="checkbox"/> 02 Short Term Scholar <input type="checkbox"/> 04 Alien Physician <input type="checkbox"/> 06 Other				
12. What is the Primary Purpose of your Current Stay in the U.S.? <u>Check Only One</u> <input checked="" type="checkbox"/> 01 Studying in a Degree Program <input type="checkbox"/> 05 Observing <input type="checkbox"/> 09 Demonstrating Special Skills <input type="checkbox"/> 02 Studying in a Non-Degree Program <input type="checkbox"/> 06 Consulting <input type="checkbox"/> 10 Clinical Activities <input type="checkbox"/> 03 Teaching <input type="checkbox"/> 07 Conducting Research <input type="checkbox"/> 11 Temporary Employment <input type="checkbox"/> 04 Lecturing <input type="checkbox"/> 08 Training <input type="checkbox"/> 12 Here with Spouse				
13. What is the Actual Date you first entered the U.S. in your present immigration status?  <u>08</u> / <u>05</u> / <u>2011</u> Month Day Year		14. What is the Start Date on your current immigration form (i.e., DS-2019, I-20, or I-797, as applicable)?  ____ / ____ / ____ Month Day Year		15. What is the Projected End Date of your present immigration status?  ____ / ____ / ____ Month Day Year

**University of Florida  
Tax Treaty Renewal ONLY  
Foreign National Tax Information Form (cont.)**

**SECTION 20 <BELOW> MUST BE COMPLETED**

Prior U.S. Immigration Activity. List all U.S. travel INCLUDING CURRENT VISIT. IF LEFT BLANK, YOU WILL NOT RECEIVE TREATY BENEFITS

**20. Please list all travel into the U.S. (Month-day-year Required):**

Date of Entry to U.S.	Date of Exit from U.S.	Visa Immigration Status	VISA Number	Purpose of Stay	Have You Taken Any Treaty Benefits?	
08 / 05 / 2011	05 / 03 / 2012	F-1	2940977	PhD program	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
05 / 21 / 2012	12 / 05 / 2014	F-1	2940977	PhD program	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
01 / 07 / 2015	06 / 19 / 2015	F-1	J6956916	PhD program	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
07 / 02 / 2015	_____ / _____ / _____	F-1	J6956916	PhD and MS program	<input checked="" 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

Please attach separate sheet, if necessary.

**QUESTIONS ...**

Please type form, if possible. Otherwise, print neatly.

- Name. Print full name.**
- U.S. Local Street Address.** List your local home address. If unknown, list address of your UF employer.
- Foreign Residence Address.** List your permanent address abroad. (Must be provided for tax treaty exemption)
- Visa #.** 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.
- 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.
- Please be certain that all questions are answered.
- Sign this form at the bottom as you would a business letter and write today's date.

**Your department can use Campus Mail to send this back to  
Payroll & Tax Services  
1250 East Campus Office Building, P.O. Box 113201,  
Gainesville, FL 32611-3201**

Note: The tax forms returned by University Payroll and Tax Services should be completed, signed, and forwarded to the appropriate personnel office.

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 have indicated on this form, I must submit a new Foreign National Tax Information Form.

Signature \_\_\_\_\_

Date 11/15/2017 \_\_\_\_\_