

UNIVERSITY OF OKLAHOMA
INTERNATIONAL INFORMATION FORM

SECTION 1: PERSONAL INFORMATION

Last Name/Surname: _____

First Name: _____ Middle Initial: _____

*U.S. Tax Identification Number (TIN) _____ SSN _____ ITIN _____ No TIN _____

*If you do not have a U.S. TIN, you are not eligible for a tax treaty and your payment may be withheld 38 % (30% federal and 8% state) for taxes.

SECTION 2: PASSPORT AND VISA INFORMATION

Passport Number: _____ Country of passport/citizenship: _____

Country of tax residency if different from permanent residence address on W8: _____

Visa Type:

B-1	B-2	WB	WT	J-1 (Non-student)	F-1/J-1 (Student)	H1-B	Canadian Visa Exempt	Other
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For F, J or H visa types, please list your sponsoring institution: _____

Primary Purpose/Activity of Visit: _____ Speaker Fee _____ Consulting _____ Other _____

SECTION 3: VISA TYPE ACTIVITY - SUBSTANTIAL PRESENCE TEST

Residency Status:	Citizen of the United States	Permanent Resident of the United States	Resident Alien for tax purposes of the United States
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Provide your original entry date into the U.S.: Month _____ Day _____ Year _____

Start date of current purpose/activity: Month _____ Day _____ Year _____

End date of current purpose/activity: Month _____ Day _____ Year _____

Number of days in the United States during current calendar year: _____

Number of days in the United States during first preceding calendar year: _____

Number of days in the United States during second preceding calendar year: _____

Date of Entry to	Date of Exit from	Visa Type	Visa #	Primary Purpose/Activity	Country of Tax Residence	Treaty Exemption
						Yes No
						Yes No
						Yes No

SECTION 4: HONORARIUM/SPEAKER FEE PAYMENT RECIPIENTS

Will your affiliation with OU exceed 9 days?	Yes	No
Have you accepted an honorarium for more than 5 visits to any institution(s) including previous visits to OU in the previous 6 month period?	Yes	No
Is the activity to be performed a usual academic activity?	Yes	No

Honorarium/Speaker fee amount: \$ _____

SECTION 5: CERTIFICATION

I hereby certify that the above information is true and correct. I understand that if my status changes, I must submit a new International Information Form.

Signature: _____ Date: _____