

University of Pennsylvania Foreign National Information Form

All applicable questions below must be answered. A copy of your I-94 Card, VISA, Passport and an I-20 / DS-2019 or I-797 must be attached to this form. This form must be returned before any check can be issued by Payroll or Accounts Payable.

This section is to be completed by Department Representative.

Purpose for submitting this form:	
<input type="checkbox"/> Employee (mark the appropriate box below) <input type="checkbox"/> New to University <input type="checkbox"/> Change in Visa Status <input type="checkbox"/> Tax Treaty Renewal	<input type="checkbox"/> Independent Contractor/Honorarium (Amount \$ _____) <input type="checkbox"/> Scholarship/Fellowship (Amount \$ _____) <input type="checkbox"/> Other _____ (Amount \$ _____)
Annual Salary \$ _____	
Position Title _____	Department Contact Person _____
Department Name _____	Email Address _____
Campus Address _____	Telephone Number _____ Ext. _____

The remainder of this form is to be completed and signed by Foreign National.

1. Last or Family Name _____	First _____	Middle _____	Mr., Mrs., Ms., Dr. (Circle One)
2. Social Security # or Temp ID# _____		3. Date of Birth _____ <div style="text-align: center; font-size: small;"> _____ / _____ / _____ Month Day Year </div>	
4. U.S. Local Street Address _____ Address Line 2 _____ AddressLine 3 _____ City _____ State _____ Zip Code _____ Telephone Number () _____		5. Foreign Residence Address _____ Address Line 2 _____ City _____ Postal Code _____ Province/Region _____ Province/Region Postal Code _____ Country _____	
6. Country of Citizenship _____		7. Country that issued Passport _____ Passport # / Expiration Date _____	
8. Visa # (not the control number) _____		9. Email Address _____	
10. Your Current U.S. Immigration Status <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> U.S. Immigrant/Permanent Resident <input type="checkbox"/> J-1 Exchange Visitor </div> <div> <input type="checkbox"/> F-1 Student <input type="checkbox"/> H-1 Temporary Employee </div> <div> <input type="checkbox"/> J-2 Spouse or Child of Exchange Visitor Other _____ </div> </div>			
11. If Immigration Status is J-1, What is the Category? <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 01 Student <input type="checkbox"/> 02 Short Term Scholar </div> <div> <input type="checkbox"/> 05 Professor <input type="checkbox"/> 07 Alien Physician </div> <div> <input type="checkbox"/> 12 Research Scholar Other _____ </div> </div>			
12. What is the Primary Purpose of your Current Stay in the U.S.? <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 01 Studying in a Degree Program <input type="checkbox"/> 02 Studying in a Non-Degree Program <input type="checkbox"/> 03 Teaching <input type="checkbox"/> 04 Lecturing </div> <div> <input type="checkbox"/> 05 Observing <input type="checkbox"/> 06 Consulting <input type="checkbox"/> 07 Conducting Research <input type="checkbox"/> 08 Training </div> <div> <input type="checkbox"/> 09 Demonstrating Special Skills <input type="checkbox"/> 10 Clinical Activities <input type="checkbox"/> 11 Temporary Employment <input type="checkbox"/> 12 Here with Spouse </div> </div>			
13. What is the Actual Date you first entered the U.S in your present immigration status? _____	14. What is the Start Date on your current immigration form (i.e., DS2019, I-20, or I-797, as applicable)? _____	15. What is the Projected End Date of your present immigration status? _____	

The Foreign National Information Form must be completed before you can receive any form of payment.

16. If Student, What Type? <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Medical Student	17. If Married, is Spouse in U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of other dependents here, excluding spouse? _____
18. For Independent Contractors/Self-Employed Individuals: Do you/will you have an office (fixed base) in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many days in this tax year did you/will you have office (fixed base)? _____ Days	19. Country of Tax Residence if Different from Foreign Residence Address: Did tax residency end? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ / _____ / _____ Month Day Year

Prior U.S. Immigration Activity

20. Please list all periods of stay in the U.S. during the last 3 calendar years and all F, J, or H visa periods since Jan. 1, 1988:					
Date of Entry to U.S.	Date of Exit from U.S.	Visa Immigration Status	J-1 Subtype (if J-1 status)	Purpose of Stay	Have You Taken Any Treaty Benefits?
____/____/____	____/____/____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
<i>Please attach separate sheet, if necessary.</i>					

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



PLEASE RETURN THIS FORM TO:
Payroll Tax Office
3451 Walnut St Room 310, Philadelphia, PA 19104

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 Information Form.

Signature _____

Date _____