

WAKE FOREST UNIVERSITY

Foreign National Information Form

This form must be completed before a foreign national can receive **any** form of payment (honorarium, scholarship, wages, or business-related reimbursement). **The following documents MUST be attached to the completed form: 1. Copy of Passport; 2. Copy of Visa; 3. Copy of I-20 or DS2019.**

PERSONAL INFORMATION

Last or Family Name: _____
First: _____ Middle: _____
U.S. Social Security No. or Individual Taxpayer Identification No.: _____
Date of Birth: _____ (month/day/year)
U.S. Telephone No.: (Home) _____ U.S. Telephone No.: (Work) _____
Email Address: _____

U.S. Local Street Address: _____ Foreign Residence Permanent Address: (Do not use P.O. Box) _____
Street _____ *Street* _____
City _____ *City* _____ *Province/State* _____ *Postal Code* _____
State _____ *Zip Code* _____ *Country* _____

PASSPORT INFORMATION

Country of Citizenship: _____
Country that issued passport: _____
Passport No.: _____ Expiration Date: _____
Visa No.: (Control Number in Upper Right Corner of Visa): _____

VISA DETAIL

CURRENT IMMIGRATION STATUS

U.S. Immigrant/Permanent Resident (attach copy of green card) F-1 Student
 H-1B Temporary Worker J-2 Dependent
 J-1 Exchange Visitor Other: _____
*If J-1 Exchange Visitor, what J-1 category?
 Student Professor Research Scholar Short Term Scholar Other: _____

PRIMARY ACTIVITY DURING THIS VISIT (Choose Only One)

Studying in a degree program Observing Demonstrating special skills
Studying in a non-degree program Consulting Clinical activities
Teaching Conducting Research Temporary Employment
Lecturing Training Other _____

What was the start date of your immigration status for this activity? _____
(The date you first entered the U.S. for the primary activity –I-94 departure record) Month / Day / Year

What is the projected end date of your primary activity? _____
(Completion date on immigration document, I-20, DS2019, or end date of employment) Month / Day / Year

If you are a consultant or self-employed individual that will receive an honorarium for the primary activity, complete questions 1-5.

- (1) Describe the activity (teaching, lecturing, conducting research, training, consulting) you are receiving self-employment income for: _____
- (2) List the number of days you will perform services on the WFU Campus: _____ # of days

(3) List the number of institutions from which you have received payments (for academic-related services) during the last 6 months: _____ (#of institutions)

(4) Do you/will you have an office? (fixed base) in the U.S.? ___ yes ___ no

(5) If yes how many days in this tax year did you/will you have an office (fixed base)? _____ # of days

If you are a student, at what level do you study?

Undergraduate Masters Doctoral Other: _____

INCOME TYPE/AMOUNT/DEPENDENTS

Payment Type: Wages Scholarship Honorarium Prize/Award Other

Name of WFU department providing the income: _____ Amount: _____
(If Wages, the amount should represent the estimated calendar year income.)

If Wages, complete the following:

What is the actual date of first employment in the United States?

Month / Day / Year
Is your spouse in the U.S.? yes no Is your spouse employed? yes no
Do you want to claim an exemption for your spouse if legally allowed to do so? Yes no
Do you have other dependents in the U.S. you would like to claim exemptions for? Yes no
If so, how many? _____

RESIDENCY VERIFICATION

What country did you live in before this visit to the U.S.? _____

Did you pay taxes as a resident of that country? yes no

Did your tax residency in that country end prior to this visit to the U.S.? yes no

If yes, When? _____
Month / Day / Year

U.S. IMMIGRATION HISTORY

Have you ever had another immigration status in the United States? yes no

Have you ever been present in the United States before this visit? yes no

(If either question is answered "yes", complete U.S. Immigration History, Part 2)

U.S. IMMIGRATION HISTORY, Part 2

What is the actual date you first entered the United States? _____
Month / Day / Year

List all VISA Immigration Activity during the last three calendar years and all F, J, M or Q Visa Activity since January 1, 1985)

Date of U.S. Entry Month / Day / Year	Date of U.S. Exit Month / Day / Year	Visa/ Immigration Status	J-1 Category	Primary Activity	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

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 the form, I must submit a new Foreign National Information Form to the Tax Department and/or the Payroll Office.

Signature: _____

Date: _____