

# FOREIGN NATIONAL INFORMATION FORM

Must be completed by ALL foreign nationals

All applicable questions below must be answered. A copy of your I-94 Travel History (available online at <https://i94.cbp.dhs.gov/>), copy of your passport including visa page, and I-20 or DS-2019 must be attached to this form.

(1) Last or Family Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle \_\_\_\_\_

(2) U.S. Social Security Number or ITIN: \_\_\_\_\_ (3) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

(4) Campus Wide Identification Number (CWID): \_\_\_\_\_

|   |   |
|---|---|
| <p><b>(5) U.S. MAILING ADDRESS:</b><br/>                 Address Line 1: _____<br/>                 Address Line 2: _____<br/>                 City: _____<br/>                 State: _____ Zip: _____<br/>                 Home Telephone: _____<br/>                 Office Telephone: _____<br/>                 Email Address: _____</p> | <p><b>(6) FOREIGN RESIDENCE ADDRESS:</b><br/>                 Address Line 1: _____<br/>                 Address Line 2: _____<br/>                 Address Line 3: _____<br/>                 City: _____ Postal Code: _____<br/>                 Province/Region: _____ Country _____</p> |
|---|---|

(7) Country of Citizenship: \_\_\_\_\_ (8) Country that issued passport: \_\_\_\_\_  
 (9) Passport Number: \_\_\_\_\_ (10) Visa Number (red number): \_\_\_\_\_  
 (11) Expiration Date of Passport: \_\_\_\_\_  
 (12) Have you ever had another immigration status in the United States?  Yes  No **Enter ALL U.S. travel history on page 2.**

**(13) IMMIGRATION STATUS:**

F-1 Student                       J-1 Exchange Visitor                       U.S. Immigrant/Permanent Resident  
 H-1 Temporary Employee                       J-2 Spouse or Child of Exchange Visitor                       Other \_\_\_\_\_

**(14) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? (CHECK ONE)**

01 Student                       05 Professor                       12 Research Scholar  
 02 Short Term Scholar                       Other \_\_\_\_\_

**(15) WHAT IS THE ACTUAL PRIMARY PURPOSE OF THE VISIT? (CHECK ONE)**

01 Studying in a Degree Program                       05 Observing                       09 Demonstrating Special Skills  
 02 Studying in a Non-Degree Program                       06 Consulting                       10 Clinical Activities  
 03 Teaching                       07 Conducting Research                       11 Temporary Employment  
 04 Lecturing                       08 Training                       12 Here with spouse

|   |   |   |
|---|---|---|
| <p><b>(16) WHAT IS THE FIRST DATE YOU ENTERED THE UNITED STATES IN YOUR PRESENT IMMIGRATION STATUS?</b></p> <p style="text-align: center;">____/____/____<br/>                 Month / Day / Year</p> | <p><b>(17) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THE PRIMARY PURPOSE?</b></p> <p style="text-align: center;">____/____/____<br/>                 Month / Day / Year</p> | <p><b>(18) WHAT IS THE PROJECTED END DATE (DEPARTURE DATE) OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY?</b></p> <p style="text-align: center;">____/____/____<br/>                 Month / Day / Year</p> |
|---|---|---|

|   |   |  |
|---|---|--|
| <p><b>(19) INCOME PROVIDING ACTIVITY</b><br/>                 (Example: Postdoc, GTA, GRA, On-campus job, Scholarship/Fellowship)</p> | <p><b>(20) What type of student?</b></p> <p> <input type="checkbox"/> Undergraduate    <input type="checkbox"/> Masters<br/> <input type="checkbox"/> Doctoral    <input type="checkbox"/> Other _____                 </p> | <p><b>(21) Married</b> <input type="checkbox"/> Yes    <input type="checkbox"/> No<br/>                 Spouse in U.S. <input type="checkbox"/> Yes    <input type="checkbox"/> No<br/>                 Number of other dependents _____</p> |
|---|---|--|

|   |   |
|---|---|
| <p><b>(22) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS:</b><br/>                 Do you/will you have an office (fixed base) in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>                 If yes, how many days in this tax year did you/will you have an office (fixed base)? _____<br/>                 Days</p> | <p><b>(23) COUNTRY OF TAX RESIDENCE, IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS:</b></p> <p>Did tax residency end? <input type="checkbox"/> Yes    <input type="checkbox"/> No<br/>                 If yes, when? ____/____/____<br/>                 Month    Day    Year</p> |
|---|---|

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 this form I must submit a new Foreign National Information Form to the UA Tax Office at [internationaltax@ua.edu](mailto:internationaltax@ua.edu).

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOREIGN NATIONAL INFORMATION FORM (Page 2)**  
**Must** be completed before you can receive any form of payment

Please list ALL visa immigration activity.  
 (U.S. Travel History available online at <https://i94.cbp.dhs.gov/>)

| Date of Entry | Date of Exit | Visa Immigration Status (B, F, H, J) | J-1 Subtype | Primary Purpose | 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 |
| _____         | _____        | _____                                | _____       | _____           | <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 |
| _____         | _____        | _____                                | _____       | _____           | <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 this form I must submit a new Foreign National Information Form to the UA Tax Office at [internationaltax@ua.edu](mailto:internationaltax@ua.edu).

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR USE BY UA TAX OFFICE ONLY:**

| Date Reviewed | Initials |
|---------------|----------|
| _____         | _____    |
| _____         | _____    |
| _____         | _____    |

**HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM:**

1. Name: List full name.
2. Social Security Number: Enter US social security number issued by the US Social Security Administration not your ID number. Do not list numbers not assigned by the United States Social Security, i.e. Canadian social security number. All employees must have a social security number in order to work. If none enter your ITIN issued by the IRS.
3. Enter your Date of Birth (Month/Day/Year)
4. Enter your email address.
5. U.S. Mailing Address: List your local street or mailing address.
6. Residence: List your non US address.
7. Country of Citizenship(s)
8. Country that Issued Passport: List Country in which you were issued your passport. Not the country where it was issued.
9. Passport #: Enter your passport number.
10. Visa #: Enter your Visa number.
11. Enter expiration date of passport (Month/Day/Year)
12. Immigration Status: Check yes or no. If yes, complete the above form for the time you were present in the United States. Approximate if you do not know.
13. Immigration Status: Check the type of immigration status that you currently hold. If you check U.S. Immigrant/Permanent Resident, holder of a "green" card, you may proceed to the bottom of the form. Sign and date.
14. Immigration Status for J-1: Check the appropriate J-1 subtype.
15. Actual Primary Activity: Check one activity.
16. Actual Entry Date into the United States: Must include month, day, and year. Approximate if you do not know.
17. Start Date: Must include month, day, and year. Approximate if you do not know.
18. End Date: Must include month, day, and year. Approximate if you do not know.
19. Occupation: Describe in general the service you will perform.
20. Check the appropriate box.
21. Is your spouse in USA?: Check the appropriate box. Give number of other dependents in the USA?
22. Consultants/Self-employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you.
23. Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.