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:

o Employee (mark the appropriate box below)
- o New to University
- o Change in Visa Status
- o Tax Treaty Renewal

o Independent Contractor/Honorarium (Amount $_____)
o Scholarship/Fellowship (Amount $_____)
o 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 _____/_____/_____ (Month Day Year)

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

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

11. If Immigration Status is J-1, What is the Category?

❏ 01 Student
❏ 02 Short Term Scholar
❏ 05 Professor
❏ 07 Alien Physician
❏ 12 Research Scholar
Other _____

12. What is the Primary Purpose of your Current Stay in the U.S.?

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

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?

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

16. If Student, What Type? ❑ Undergraduate ❑ Graduate ❑ Post Graduate ❑ Medical Student	17. If Married, is Spouse in U.S.? ❑ Yes ❑ 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.? ❑ Yes ❑ 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? ❑ Yes ❑ 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?	
___/___/___	___/___/___	_____	_____	_____	o Yes	o No
___/___/___	___/___/___	_____	_____	_____	o Yes	o No
___/___/___	___/___/___	_____	_____	_____	o Yes	o No
___/___/___	___/___/___	_____	_____	_____	o Yes	o No
___/___/___	___/___/___	_____	_____	_____	o Yes	o No
___/___/___	___/___/___	_____	_____	_____	o Yes	o No

Please attach separate sheet, if necessary.

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 _____