

University of Florida Foreign National Tax Information Form

Enlarged copies of the following documents are required:

- 1) xerox copy of U.S. VISA - (from the passport)
- 2) I-94 Form, Print both the I-94 AND Travel History at <https://i94.cbp.dhs.gov/i94/#/home>
- 3) xerox copy of I-20 (F-1), I-797 (H-1B) or EAD Card, if applicable.
- 4) xerox copy of Social Security Card
- 5) xerox copy of existing I-9 Form, "Employment Eligibility Verification" (Do NOT complete new form)
- 6) Checking Employee Name versus the US Department of Treasury SDN List: <http://treas.gov/offices/enforcement/ofac/sdn/>

This form MUST be returned before Payroll or University Disbursement Services can issue any check.
All applicable questions below must be answered.

This section is to be completed by Department Representative.

Purpose for submitting this form:	
Employee (mark the appropriate box below) <input type="checkbox"/> New to University <input type="checkbox"/> New to Department <input type="checkbox"/> Previously Employed as Student Assistant <input type="checkbox"/> Change in Visa Status <input type="checkbox"/> Change in Personnel Office	<input type="checkbox"/> Independent Contractor/Honorarium (Amount \$ _____) <input type="checkbox"/> Award (Amount \$ _____) <input type="checkbox"/> Fellowship (Amount \$ _____) <input type="checkbox"/> Scholarship Student Financial Aid (Amount \$ _____) <input type="checkbox"/> Scholarship - (Amount \$ _____) <input type="checkbox"/> Tuition paid to University Financial Services <input type="checkbox"/> Paid to Student
Annual Salary \$ _____	Department Contact Person _____
Position Title _____	Telephone Number _____ Ext. _____
Department Name _____	Email Address _____
Campus PO Box _____	

The remainder of this form (both sides) is to be completed by Foreign National.

1. Surname _____	First _____	Middle _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
2. Social Security # or ITIN # _____		UFID # _____	3. Date of Birth ____/____/____ Month Day Year
<input type="checkbox"/> Applied for SSN * *Attach letter from Social Security Administration			
4. U.S. Local Street Address _____ Address Line 2 _____ Address Line 3 _____ City _____ State _____ Zip Code _____ Telephone Number (_____) _____ Email _____		5. Foreign Residence Address _____ Address Line 2 _____ Address Line 3 _____ City _____ Postal Code _____ Province/Region _____ Province/Region Postal Code _____ Country _____	
6. Country of Citizenship _____		7. Country that issued Passport _____	
8. Passport Number _____		9. Visa Number (not control number) _____	
10. Your Current U.S. Immigration Status:			
<input type="checkbox"/> U.S. Immigrant/Permanent Resident <input type="checkbox"/> OPT <input type="checkbox"/> F-1 Student <input type="checkbox"/> Other _____ <input type="checkbox"/> J-1 Exchange Visitor <input type="checkbox"/> H-1 Temporary Employee <input type="checkbox"/> J-2 Spouse or Child of Exchange Visitor			
11. If Immigration Status is J-1, What is the Category? <u>Check Only One</u>			
<input type="checkbox"/> 01 Student <input type="checkbox"/> 03 Professor <input type="checkbox"/> 05 Research Scholar <input type="checkbox"/> 02 Short Term Scholar <input type="checkbox"/> 04 Alien Physician <input type="checkbox"/> 06 Other			
12. What is the Primary Purpose of your Current Stay in the U.S.? <u>Check Only One</u>			
<input type="checkbox"/> 01 Studying in a Degree Program <input type="checkbox"/> 05 Observing <input type="checkbox"/> 09 Demonstrating Special Skills <input type="checkbox"/> 02 Studying in a Non-Degree Program <input type="checkbox"/> 06 Consulting <input type="checkbox"/> 10 Clinical Activities <input type="checkbox"/> 03 Teaching <input type="checkbox"/> 07 Conducting Research <input type="checkbox"/> 11 Temporary Employment <input type="checkbox"/> 04 Lecturing <input type="checkbox"/> 08 Training <input type="checkbox"/> 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., DS-2019, I-20, or I-797, as applicable)?	
____/____/____ Month Day Year		____/____/____ Month Day Year	
		15. What is the Projected End Date of your present immigration status?	
		____/____/____ Month Day Year	

University of Florida

Foreign National Tax Information Form (cont.)

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

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

Prior U.S. Immigration Activity

20. Please list all travel into the U.S. (Month-day-year Required):					
Date of Entry to U.S.	Date of Exit from U.S.	Visa Immigration Status	VISA Number	Purpose of Stay	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

Please attach separate sheet, if necessary.

QUESTIONS ...

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

1. **Name.** Print full name.
2. **U.S. Local Street Address.** List your local home address. If unknown, list address of your UF employer.
3. **Foreign Residence Address.** List your permanent address abroad. (Must be provided for tax treaty exemption)
4. **Visa #.** List your U.S. visa number (not the control number). It is usually an eight digit number found below the expiration date.
5. **Actual Date of Entry, Start Date, and Projected End Date.** Must include month, day, and year for all. Approximate if you are unsure.
6. **Consultants/Self-Employed Individuals.** Check the appropriate box. This includes any office at any location specifically identified with you.
7. **Tax Residency.** Tax residence is where you last paid taxes as a resident, and can be different from legal residence. Do not include the U.S. unless you have met the substantial presence test.
8. Please be certain that all questions are answered.
9. Sign this form at the bottom as you would a business letter and write today's date.

PLEASE RETURN THIS FORM TO:
University Payroll and Tax Services
P.O. Box 113201, Gainesville, FL 32611-3201

Note: The tax forms returned by University Payroll and Tax Services should be completed, signed, and forwarded to the appropriate personnel office.

If your country has a tax treaty with the U.S., but you elect not to use these benefits, please initial here. _____

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 Tax Information Form.

Signature _____ Date _____