



## University of North Florida Foreign National Tax Information Form

All applicable questions below must be answered. A copy of both sides of your I-94 Form "Arrival and Departure Record" (a small white card inside your passport), a copy of your U.S. VISA from your passport, and an I-20 or IAP-66 (for J-1 visa holders), and a copy of your passport must be attached to this form. This form must be returned before any check can be issued by Payroll or University Disbursement Services. If you are from a country with a Tax Treaty with the U.S., you will need to file additional forms to claim any allowable exemption provided by the tax treaty.

**This section is to be completed by Department Representative.**

Purpose for submitting this form:		Amount
Employee (mark the appropriate box below)		
New to University	Independent Contractor/Honorarium	
Previously Employed as Student Assistant	Scholarship/Fellowship	
Change in VISA Status	Other:	
Tax Treaty Renewal		
Annual Salary	Department Name	
Position Title	Campus Address	
	Department Contact Person	Ext.

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

Last or Family Name, First, Middle		Mr., Mrs., Ms., Dr. (select one)	
Social Security or ITIN #		Date of Birth	
US Address Line 1		Foreign Address Line 1	
US Address Line 2		Foreign Address Line 2	
City	State	Zip Code	
City	State	Zip Code	
Telephone		Country	
Country of Citizenship		Passport Authority (Country)	Passport #
VISA #			
Your Current U.S. Immigration Status (Please check all boxes that apply below):			
U.S. Immigrant/Permanent Resident		F-1 Student	J-2 Spouse or Child of Exchange Visitor
J-1 Exchange Visitor		H-1 Temporary Employee	Other
If Immigration Status is J-1, What is the Category? <b>Check Only One</b>			
01 Student		05 Professor	12 Research Scholar
02 Short Term Scholar		07 Alien Physician	Other
What is the Primary Purpose of your Current Stay in the U.S.? <b>Check Only One</b>			
01 Studying in Degree Program		05 Observing	09 Demonstrating Special Skills
02 Studying in Non-Degree Program		06 Consulting	10 Clinical Activities
03 Teaching		07 Conducting Research	11 Temporary Employment
04 Lecturing		08 Training	12 Here with Spouse

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**Foreign National Tax Information Form**

<p>What is the Actual Date you first entered the U.S. in your present immigration status?</p> <p style="text-align: center;">Month/Day/Year</p>	<p>What is the Start Date on your current immigration form (i.e., IAP-66, I-20, or I-797, as applicable)?</p> <p style="text-align: center;">Month/Day/Year</p>	<p>What is the Projected End Date of your present immigration status?</p> <p style="text-align: center;">Month/Day/Year</p>
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The Foreign National Tax Information Form must be completed before you can receive any form of payment.

If Student, What Type? Undergraduate                      Graduate Post Graduate                      Medical Student	If Married, is Spouse in U.S.? Yes                      No Number of other dependents here, excluding spouse
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	Country of Tax Residence if Different from Foreign Residence Address. Did tax residency end?                      Yes                      No If yes, when?

**Prior U.S. Immigration Activity**

Please list all periods of stay in the U.S. during the last 3 calendar years and all F, J, M, or Q visa periods since Jan. 1, 1988:

Date of Entry to U.S.	Date of Exit from U.S.	<u>Visa Immigration Status</u>	<u>J-1 Subtype (if J-1 status)</u>	<u>Purpose of Stay</u>	<u>Have you taken any Treaty Benefits</u>
					Yes/No?
					Yes/No?
					Yes/No?
					Yes/No?
					Yes/No?
					Yes/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.
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 of North Florida  
Controller's Office  
1 UNF Drive, Hicks Hall  
Jacksonville, Florida 32224**

*Note: The tax forms returned by University 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