FOREIGN NATIONAL INFORMATION FORM

Purpose and who needs to fill out the Foreign National Information Form

The Foreign National Information Form must be filled out by any Loyola staff, faculty, student, or independent contractor, who is not a U.S. citizen or Legal Permanent Resident that will work on campus or receive a scholarship, fellowship, or other type of payment from the University. This form is used to determine your appropriate tax status as an international employee or payee. Many countries have income tax treaties with the United States that can reduce or eliminate your tax withholding.

In the event that you are eligible for a tax treaty benefit you will be notified by General Accounting once your information has been reviewed. It is your responsibility to return any tax treaty forms sent by General Accounting in order for your tax treaty benefits to become effective. For questions on the Foreign National Information Form or tax treaty forms please contact Maria Araque at (312) 915-8777 or by email at maraque@luc.edu.

CHECKLIST OF INFORMATION TO INCLUDE WITH FOREIGN NATIONAL INFORMATION FORM

- Copy of Passport Information Page
- Copy of Visa
- I-94 Departure Record (3’x5’ card attached to your passport stamped upon entry to the U.S or you may obtain a copy at www.cbp.gov/I94)
- Form I-20 (Certificate of Eligibility for Nonimmigrant Student Status issued by F-1 Sponsors), Form DS-2019 (Certificate of Eligibility issued by J-1 sponsors), or Form I-797 (H1-B)
- A copy of your offer letter (Full time employees or fellowship recipients only)
- Employment Authorization Card (EAD) (only if applicable)

New Employees: Print out and complete the Foreign National Information Form on pages 2 & 3. The completed form and required documentation should accompany the Human Resources New Hire Packet and sent to Human Resources.

If you would like further information on non-resident alien taxation please visit the Internal Revenue Service Webstie and review IRS Publication 515 Withholding of tax on Non Resident Aliens and Foreign Entities.

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>(1) Last or Family Name:</td>
<td>_____________________________________</td>
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<td>First:</td>
<td>_____________________________</td>
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<tr>
<td>Middle:</td>
<td>__________________</td>
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<td>(2) Social Security #:</td>
<td>________________________________________</td>
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<td>Employee #:</td>
<td>_____________________________________________</td>
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<td>(4) U. S. LOCAL STREET ADDRESS:</td>
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<td>(5) FOREIGN RESIDENCE ADDRESS:</td>
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<td>Address Line 2:</td>
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<td>Address Line 3:</td>
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<td>City:</td>
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<td>State:</td>
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<td>Zip:</td>
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<td>(6) Country of Citizenship:</td>
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<td>(7) Country That Issued Passport:</td>
<td>____________________________________</td>
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<td>(8) Passport #:</td>
<td>_______________________________________________</td>
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<td>(9) Visa #:</td>
<td>_______________________________________________</td>
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(10) Have you ever had another immigration status in the United States?  
- Yes  
- No  
If yes, see page 2.

(11) IMMIGRATION STATUS:
- F-1 Student  
- J-1 Exchange Visitor  
- J-2 Spouse or Child of Exchange Visitor  
- U.S. Immigrant/Permanent Resident  
- H-1 Temporary Employee  
- J-2 Spouse or Child of Exchange Visitor  
- Other:______________________________  
If you check this box, go to page 2 and sign form

(12) IF IMMIGRATION STATUS IS J-1, WHAT IS THE CATEGORY (SEE DS-2019)?  
- 01 Student  
- 02 Short Term Scholar  
- 03 Teaching  
- 04 Lecturing  
- 05 Professor  
- 06 Consulting  
- 07 Conducting Research  
- 08 Training  
- 09 Demonstrating Special Skills  
- 10 Clinical Activities  
- 11 Here with Spouse  
- 12 Research Scholar  
- Other:______________________________

(13) WHAT IS THE ACTUAL PRIMARY PURPOSE OF THE VISIT?  
- 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 Here with Spouse  
- 12 Research Scholar  
- Other:______________________________

(14) WHAT IS THE ACTUAL DATE YOU FIRST ENTERED THE UNITED STATES?  
Month       Day       Year
(15) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?:  
Month       Day       Year
(16) WHAT IS THE END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY?:  
Month       Day       Year

(17) JOB TITLE AT LOYOLA (e.g. PROFESSOR OF CHEMISTRY)?:  
Department  
Estimated annual wages or salary  $______________

(18) WHAT TYPE STUDENT?:  
- Undergraduate  
- Masters  
- Doctoral  
- Other:______________________________

(19) MARRIED SPouse in USA?:  
- Yes  
- No  
Number of dependents_______________

(20) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS:  
Do you/will you have an office (fixed base) in the USA?  
- Yes  
- No  
If yes, how many days in this tax year did you/will you have office (fixed base)? ___________ Days

(21) COUNTRY OF RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS:  
Did tax residency end?  
- Yes  
- No  
If yes, when?  
Month       Day       Year

FOREIGN NATIONAL INFORMATION FORM (PAGE 2)  
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PLEASE LIST ANY VISA IMMIGRATION ACTIVITY IN LAST THREE CALENDAR YEARS AND ALL F,J,M,O OR Q VISAS SINCE 1/1/93:
<table>
<thead>
<tr>
<th>Date of Entry</th>
<th>Date of Exit</th>
<th>Visa Immigration Status</th>
<th>If J-1 Indicate</th>
<th>Primary Purpose</th>
<th>Have You Taken</th>
<th>Treaty Benefits</th>
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</table>

**VISA IMMIGRATION STATUS:**

- U.S. Immigrant/Permanent Resident
- J-1 Exchange Visitor
- Other:
  - 01 Student
  - 02 Short Term Scholar
  - 05 Professor
  - 06 Alien Physician
  - 07 Conducting Research
  - 08 Training
  - 09 Demonstrating Special Skills
  - 10 Clinical Activities
  - 11 Here with Spouse
  - 12 Research Scholar
  - 99 Other, please specify:

**J-1 CATEGORY:**

- 01 Student
- 02 Short Term Scholar
- 05 Professor
- 06 Alien Physician
- 07 Conducting Research
- 08 Training
- 09 Demonstrating Special Skills
- 10 Clinical Activities
- 11 Here with Spouse
- 12 Research Scholar
- 99 Other, please specify:

**PRIMARY PURPOSE:**

- 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 Here with Spouse
- 12 Research Scholar
- 99 Other, please specify:

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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 Payroll Department.

Signature: ___________________________ Date: ___________________________

e-mail address: ___________________________ Home Phone No.: ___________________________

Local Phone No.: ___________________________ Pager: ___________________________

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. ID#: Enter your Employee/Student/Faculty Identification Number.
4. Local Street Address: List your local US address.
5. Residence: List your non US address.
6. Country of Citizenship(s)
7. Country that Issued Passport: List Country in which you were issued your passport. Not the country where it was issued.
8. Passport #: Enter your passport number.
9. Visa #: Enter your Visa number.
10. 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.
11. 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.
12. Immigration Status for J-1: Check the appropriate J-1 category.
13. Actual Primary Activity: Check one activity.
14. Actual Entry Date into the United States: Must include month, day, and year (found on first I-94)
15. Start Date: Must include month, day, and year.
16. End Date: Must include month, day, and year. Approximate if you do not know.
17. Occupation: Describe in general the service you will perform.
18. Check the appropriate box.
19. Is your spouse in USA?: Check the appropriate box. Give number of other dependents in the USA.
20. Consultants/Self-employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you.
21. Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.