

Auburn University Foreign National Information Form

All applicable questions below must be answered. A copy of your I-94, US visa, picture page in passport and I-20, DS-2019, EAD or I-797 must be attached to this form. This form must be returned before any check can be issued by Auburn University.

1. Last or Family Name _____		First _____	Middle _____	Mr. _____	Mrs. _____	Ms. _____	Dr. _____
2. Social Security # or ITIN # (if non leave blank) _____				3. Date of Birth _____			
				_____ Month Day Year			
4. U.S. Local Street Address _____				5. Foreign Residence Address _____			
Address Line 2 _____				Address Line 2 _____			
Address Line 3 _____				City _____ Postal Code _____			
City _____				Province/Region _____			
State _____ Zip Code _____				Province/Region Postal Code _____			
E-mail _____				Country _____			
6. Country of Citizenship _____				7. Country that issued Passport _____			
8. Passport # and Expiration Date _____							
9. Your Current U.S. Immigration Status: If you mark U.S. Immigrant/Permanent Resident Stop Here. Sign and date page 2.							
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 _____			
10. If Immigration Status is J-1, what is the Category? Check Only One							
01 Student		05 Professor		12 Research Scholar			
02 Short Term Scholar		07 Alien Physician		Other _____			
11. What is the Primary Purpose of your Current Stay in the U.S.? Check Only 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			
12. What is the Actual Date you first entered the U.S. in your present immigration status?		13. What is the Start Date on your current immigration form (i.e., DS-2019, I-20, or I-797, as applicable)?		14. What is the End Date of your present work authorization?			
_____		_____		_____			
Month Day Year		Month Day Year		Month Day Year			

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

15. If Student, What Type? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Undergraduate</td> <td style="width: 50%; border: none;">Graduate</td> </tr> <tr> <td style="border: none;">Post Graduate</td> <td style="border: none;">Medical Student</td> </tr> </table>	Undergraduate	Graduate	Post Graduate	Medical Student	16. If Married, is Spouse in U.S.? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Yes</td> <td style="width: 50%; border: none;">No</td> </tr> </table> Number of other dependents here, excluding spouse? _____	Yes	No
Undergraduate	Graduate						
Post Graduate	Medical Student						
Yes	No						
17. For Independent Contractors/Self-Employed Individuals: Do you/will you have an office (fixed base) in the U.S.? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Yes</td> <td style="width: 50%; border: none;">No</td> </tr> </table> If yes, how many days in this tax year did you/will you have office (fixed base)? _____ Days	Yes	No	18. Country of Tax Residence if Different from Foreign Residence Address (See "Questions" Below - # 6) _____ Did tax residency end? Yes No If yes, when? _____ <div style="text-align: right; font-size: small;"> _____ Month Day Year </div>				
Yes	No						

Prior U.S. Immigration Activity

19. Please list all periods of stay in the U.S. during the last 3 calendar years and all F, J, M, or Q visa visits since Jan. 1, 1986:					
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?
_____	_____	_____	_____	_____	Yes No
_____	_____	_____	_____	_____	Yes No
_____	_____	_____	_____	_____	Yes No
_____	_____	_____	_____	_____	Yes No
_____	_____	_____	_____	_____	Yes No
_____	_____	_____	_____	_____	Yes No
_____	_____	_____	_____	_____	Yes No
<i>Please attach separate sheet, if necessary.</i>					

QUESTIONS...

1. Name. Print full name.
2. U.S. Local Street Address. List your local home address. If unknown, list address of your Auburn University Department.
3. Foreign Residence Address. List your permanent address abroad.
4. Actual Date of Entry, Start Date, and Projected End Date. Must include month, day, and year for all. Approximate if you are unsure.
5. Consultants/Self-Employed Individuals. Check the appropriate box. This includes any office at any location specifically identified with you.
6. 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.
7. Please be certain that all questions are answered.
8. Sign this form at the bottom as you would a business letter and write today's date.

PLEASE RETURN THIS FORM TO:
Tax Compliance
218 Ingram Hall
nratax1@auburn.edu

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 I apply for a change in status from that which I have indicated on this form, I must submit a new Alien Tax Information Form.

Signature _____

Date _____