

# University of Florida Foreign National Tax Information Form

Enlarged copies of the following documents are required:

- 1) U.S. VISA - (from your passport)
- 2) I-94 Form, "Arrival and Departure Record" (a small white card inside the passport) COPY of both sides
- 3) I-20, DS-2019 (IAP-66) or I-797
- 4) Social Security Card
- 5) I-9 Form, "Employment Eligibility Verification"
- 6) Verification of checking Employee Name to 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.

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

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 ____/____/____	
<input type="checkbox"/> Applied for SSN *      *Attach letter from Social Security Administration						Month      Day      Year	
4. U.S. Local Street Address _____				5. Foreign Residence Address _____			
Address Line 2 _____				Address Line 2 _____			
Address Line 3 _____				Address Line 3 _____			
City _____				City _____		Postal Code _____	
State _____		Zip Code _____		Province/Region _____			
Telephone Number (_____) _____				Province/Region Postal Code _____			
Email _____				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)?			15. What is the Projected End Date of your present immigration status?	
____/____/____			____/____/____			____/____/____	
Month Day Year			Month Day Year			Month Day Year	

