

# FOREIGN NATIONAL INFORMATION FORM (PAGE 1)

New       Annual Update       Change in Visa Status

**The Foreign National Information Form must be completed before you can receive any form of payment.** 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), Copy of Passport page showing name, number and photo, copy of U.S. VISA, and I-20 or IAP-66 must be attached to this form. This form must be returned before any check can be issued by the Payroll or Accounts Payable Department and must also be completed by anyone receiving tuition remission/fellowship/scholarship.

(1) Last or Family Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

(2) Social Security or ITIN #: \_\_\_\_\_

(3) Local Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

(4) U. S. LOCAL STREET ADDRESS: _____ _____ (4) Address Line 2: _____ (4) Address Line 3: _____ (4) City: _____ (4) State: _____ Zip: _____
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(5) FOREIGN RESIDENCE ADDRESS: _____ _____ (5) Address Line 2: _____ (5) Address Line 3/City: _____ (5) Postal Code: _____ Province/Region: _____ (5) Foreign Country: _____
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(6) Country of Citizenship: \_\_\_\_\_ (7) Country That Issued Passport: \_\_\_\_\_

(8) Passport #: \_\_\_\_\_ (9) Visa # (RED NUMBER): \_\_\_\_\_  
 (not the control number that begins with a year)

(10) Have you ever had another immigration status in the United States?  Yes  No (If yes, see page 2)

(11) IMMIGRATION STATUS:	<input type="checkbox"/> F-1 Student	<input type="checkbox"/> TN Visa
<input type="checkbox"/> U.S. Immigrant/Permanent Resident	<input type="checkbox"/> WB/WT Visa Waiver	<input type="checkbox"/> J-2 Spouse or Child of Exchange Visitor
<input type="checkbox"/> J-1 Exchange Visitor (If yes, do step 12.)	<input type="checkbox"/> H-1 Temporary Employee	<input type="checkbox"/> Other: _____

(12) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? **CHECK ONLY ONE:**

<input type="checkbox"/> 01 Student	<input type="checkbox"/> 05 Professor	<input type="checkbox"/> 12 Research Scholar
<input type="checkbox"/> 02 Short Term Scholar	<input type="checkbox"/> 07 Alien Physician	<input type="checkbox"/> Other: _____

(13) WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? **CHECK ONLY ONE:**

<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 Employee
<input type="checkbox"/> 04 Lecturing	<input type="checkbox"/> 08 Training	<input type="checkbox"/> 12 Here with Spouse

(14) WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES FOR THIS PRIMARY ACTIVITY?: ____/____/____ Month Day Year	(15) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS ____/____/____ Month Day Year	(16) WHAT IS THE END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY?: ____/____/____ Month Day Year
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(17) INCOME PROVIDING ACTIVITY (e.g. STUDENT ASSISTANT, CAMPUS BOOKSTORE, PROFESSOR OF CHEMISTRY)?:

(18) WHAT TYPE STUDENT?:  
 Undergraduate       Graduate/Masters       Doctoral       Other \_\_\_\_\_

Have you worked on campus before?  Yes  No

Do you currently have another job(s) on campus?  Yes  No

(if Yes to above, LIST your (a) job title, (b) name of the department and employer (Foundation, ASI, or CSUF) and (d) start date, below)

(19) IF MARRIED, IS SPOUSE IN U.S.?: NUMBER OF OTHER DEPENDENTS HERE, EXCLUDING SPOUSE \_\_\_\_\_

(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

## FOREIGN NATIONAL INFORMATION FORM (PAGE 2)

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(21) COUNTRY OF RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS:

Did tax residency end?  Yes  No If YES, when? \_\_\_/\_\_\_/\_\_\_ (Month/Day/Year)

(22) HAVE YOU ATTENDED ANOTHER U.S. EDUCATIONAL INSTITUTION?  Yes  No

If yes, name of institution \_\_\_\_\_ Period of attendance \_\_\_\_\_

(23) PLEASE LIST ANY U.S. VISA IMMIGRATION ACTIVITY IN LAST 3 CALENDAR YEARS AND ALL F, J, M OR Q VISAS SINCE 1/1/85:

Date of Entry To U.S.	Date of Exit from U.S.	Visa Immigration Status	J-1 Subtype (If J-1 status)	Primary Activity (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

(24) WHAT IS YOUR RELATIONSHIP WITH CSU FULLERTON? (CHECK ALL THAT APPLY)

Employee  Full time Student  Guest Speaker/Consultant  Visiting Professor  On-campus Interviewee

(25) OTHER INFORMATION Is this payment an award/prize?  Yes  No Is this a royalty payment?  Yes  No

Are you the recipient of a grant? (i.e. a non-service scholarship or fellowship)  Yes  No

Have you submitted an application to become a U.S. lawful permanent resident?  Yes  No

I hereby certify that all of the above information (both pages) 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 Information Form" reflecting the changes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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. Local Telephone Number & Email Address: List your telephone number and email address.
4. Local Street Address: List your local US address.
5. Residence: List your non US address. This is the address where you resided before you entered the U.S.
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. This is the red eight digit number located on the bottom right corner of the visa document.
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 subtype.
13. Actual Primary Activity: Check one activity.
14. Actual Entry Date into the United States: Must include month, day, and year. Approximate if you do not know.
15. Start Date: Must include month, day, and year. Approximate if you do not know.
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.

Please Return Completed Form To:

**Tax Compliance Manager**  
**Accounting Services, CP-350**  
**California State University Fullerton**  
**P.O. Box 6808**  
**Fullerton, CA 92834**

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