

FOREIGN NATIONAL INFORMATION FORM

The Foreign National 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 1-94 card, copy of your ID page from your passport, current U.S. visa, and I-20 or DS-2019 must be attached to this form. This form must be returned to the Office for International Taxation before any check can be issued by the Payroll or Accounts Payable Department and must also be completed by anyone receiving tuition remission/scholarship.

General Information

Last or Family Name: _____ First: _____ Middle: _____
 Social Security # or ITIN #: _____ UR ID #: _____
 Date of Birth: _____ Place of Birth: _____

U. S. LOCAL STREET ADDRESS:

Address Line 1: _____
 Address Line 2: _____
 Address Line 3: _____
 City: _____
 State: _____ Zip: _____

FOREIGN RESIDENCE ADDRESS:

Address Line 1: _____
 Address Line 2: _____
 City: _____
 Postal Code: _____ Province/Region: _____
 Foreign Country: _____

Email Address: _____

Country of Citizenship: _____ Country Issuing Passport: _____
 Country of Tax Residency: _____ Passport #: _____
 US Visa #: _____ Passport Expiration Date: _____
 US Visa Expiration Date: _____ I-94 Entry Date: _____ Exit Date: _____

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

Current Visit Information

SPONSORING INSTITUTION FOR CURRENT VISA: _____

IMMIGRATION STATUS:

☐ U. S. Immigrant/Permanent Resident -- Alien Registration Receipt Card (green card): #A _____
☐ F-1 Student ☐ B-1 Business Visitor ☐ VWB Visa Waiver for Business
☐ J-1 Exchange Visitor ☐ H-1 B Temporary Employee ☐ Canadian Walk Over (w/I-94 Card)
☐ Other: _____

WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? CHECK 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

IF IMMIGRATION STATUS IS F-1, WHAT IS THE STUDENT TYPE?:

☐ Undergraduate ☐ Masters ☐ Doctoral ☐ Other _____

IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE?:

☐ 01 Student ☐ 05 Professor ☐ 12 Research Scholar
☐ 02 Short Term Scholar ☐ Other: _____

WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES?:

____/____/____
 Month Day Year

WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?:

____/____/____
 Month Day Year

WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY?:

____/____/____
 Month Day Year

FOR EMPLOYEES OF THE UNIVERSITY OF RICHMOND:

Income Providing Activity (i.e. Professor of Chemistry): _____
 Spouse in the USA?: _____ Number of Dependents: _____

FOR CONSULTANTS AND SELF EMPLOYED INDIVIDUALS:

Do you have an office (fixed base) in the U.S.? ☐ Yes ☐ No If yes, how many days?: _____

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Previous Visa Information (Substantial Presence Test)

PLEASE LIST ALL F, J, M, Q or H VISAS SINCE 1/1/85:

(Note: F & J students do not need to list short vacations home during semester breaks)

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Have You Taken Any Treaty Benefits
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No

PLEASE LIST ALL OTHER US VISA ACTIVITY IN LAST THREE CALENDAR YEARS (List all visits to the USA):

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Have You Taken Any Treaty Benefits
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No
___/___/___	___/___/___	_____	_____	_____	___Yes ___No

Certification

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 Office for International Taxation.

Signature: _____ Date: _____

Office of International Taxation Use Only

Copies of Documents Attached to Form:

- ☐ Passport
- ☐ Visa
- ☐ I-94 Card
- ☐ Social Security Card (if appropriate)
- ☐ I-20
- ☐ DS-2019
- ☐ H-1B
- ☐ Invitation Letter (with dates & purpose)

Copies of Completed and Signed Forms:

- ☐ Nonimmigrant Visa Waiver Checklist (if appropriate)
- ☐ Compliance Statement Form
- ☐ Employee-Independent Contractor Identification Form
- ☐ Check Request Form (receipts attached, if required)
- ☐ W8-BEN
- ☐ W-9
- ☐ 8233

Department Sponsoring Visitor: _____
 Department Contact: _____ Telephone Number: _____
 Email Address: _____