

FOREIGN NATIONAL DATA FORM

The Foreign National Information Form must be completed before you can receive any form of payment from the Payroll or Accounts Receivable departments. All applicable questions must be answered.

Last (Family) Name: _____ First: _____ Middle: _____

Social Security Number or Individual Taxpayer Identification Number: _____-____-____ Visa No. _____

Virginia Tech (Hokie) ID: _____ Date of transfer to Virginia Tech (if applicable) _____

Date of very first 1st arrival in the United States (US) and Visa Type: _____

Country of Citizenship: _____ Country That Issued Passport: _____

U.S. LOCAL ADDRESS:

FOREIGN RESIDENCE ADDRESS:

City: _____

City: _____

State: _____ Zip: _____

Province: _____ Zip: _____

Country: _____

Country of Tax Residence if Different From Foreign Residence Address: _____

Did tax residency end? Yes No If Yes, when _____/_____/_____
Month / Day / Year

INCOME PROVIDING ACTIVITY: (What is your occupation or generally describe the service you will performs) _____

FOR CONSULTANTS OR SELF-EMPLOYED INDIVIDUALS:

Do you or will you have an office (fixed base) in the United States? Yes No

If Yes, how many days in this tax year did you/will you have an office (fixed base)? _____ days.

CURRENT IMMIGRATION STATUS:

- | | | |
|--|--|--|
| <input type="checkbox"/> U.S. Immigrant/Permanent Resident | <input type="checkbox"/> J-1 Exchange Visitor | <input type="checkbox"/> F-1 Student |
| <input type="checkbox"/> H-1B Temporary Visitor | <input type="checkbox"/> J-2 Dependent of Exchange Visitor | <input type="checkbox"/> OPT or <input type="checkbox"/> CPT |
| <input type="checkbox"/> Other _____ | | |

What is the Start Date of This Immigration Status (Issue date of visa)? _____/_____/_____
Month / Day / Year

IF F-1 VISA STATUS WHAT IS STUDENT TYPE? CHECK ONE:

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Masters | <input type="checkbox"/> Doctoral |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Not Applicable | |

IF J-1/J-2 VISA STATUS, WHAT IS THE SUBTYPE? CHECK ONE:

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Student | <input type="checkbox"/> Professor | <input type="checkbox"/> Research Scholar |
| <input type="checkbox"/> Short Term Scholar | <input type="checkbox"/> Other _____ | |

WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? CHECK ONE:

- | | | |
|--|---|--|
| <input type="checkbox"/> 01 Studying in a degree program | <input type="checkbox"/> 05 Observing | <input type="checkbox"/> 08 Training |
| <input type="checkbox"/> 03 Teaching | <input type="checkbox"/> 06 Consulting | <input type="checkbox"/> 11 Temporary Employee |
| <input type="checkbox"/> 04 Lecturing | <input type="checkbox"/> 07 Conducting Research | <input type="checkbox"/> 12 Here with Spouse |

What is the actual date you entered the United States for this primary activity? _____/_____/_____
Month / Day / Year

What is the end date of your immigration status' primary activity? _____/_____/_____
Month / Day / Year

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM WITH YOUR VISA HISTORY AND SIGNATURE.

PLEASE LIST ALL F, J, M, Q OR H VISA IMMIGRATION ACTIVITY SINCE 1/1/1985

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Have you taken any tax 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
/ /	/ /	_____	_____	_____	<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

PLEASE LIST ALL OTHER VISA IMMIGRATION ACTIVITY IN LAST THREE (3) CALENDAR YEARS

/ /	/ /	_____	_____	_____	<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
/ /	/ /	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that all of the information on this form 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 Data Form to the Payroll Department.

Signature: _____ Date: ____ / ____ / ____