

Foreign National Tax Information Form

New Renewal Update Transferred

The information on this form is used to determine how much tax to withhold from payment to Foreign Nationals. Complete this form according to the instructions on the previous page. Attach a copy of all requested documents. (See Foreign National Documentation Chart.)

Surname (Last or Family Name): _____ First or Given Name: _____ Middle Name: _____

Male Female

Date of Birth:
MON/DD/YYYY _____

U.S. Social Security Number (SSN), not University ID Number
 U.S. Individual Tax Identification Number (ITIN), not eligible for SSN

University ID Number (UIN): _____

Number described above: _____

University Department:

Occupation (Describe in general the service you will perform):

E-mail Address:

Marital Status: Single Married

Home Telephone Number (include area code):

Daytime Telephone Number (include area code):

First Date in USA on current status:
MON/DD/YYYY

Start Date of Employment in USA:
MON/DD/YYYY

US Local Street Address:

Foreign Residence Address:

City: _____ State: _____ Zip Code: _____

City: _____ Province/Region: _____ Regional Postal Code: _____

Country of Citizenship:

Country of Residence:

Country that originally issued Passport:

Passport Number:

Passport expiration date:

Tax Residence (Enter the last country you resided in. You did not have to work there or pay taxes. Do not include the USA.):

Last Name:

First Name:

University ID Number (UIN):

Visa Detail

Provide the requested information regarding the days of physical presence in the United States including the current status and all prior statuses. Begin with the first status and proceed in ascending order. All dates must be in MON/DD/YYYY format.

*Visa Type	**J1 Subtype (if J-1 Status)	***Primary Purpose	Visa Number	Visa Issue Date	First Date in Status	Last Date in Status	Foreign Funded (Y/N)

** J1 Subtype (if J-1 Status) - Enter one of the following choices in the above field: Student, Student intern, Short Term Scholar, Professor, Research Scholar, Alien Physician.

*** Primary Purpose - Enter one of the following choices in the above field: Studying in a degree program, Studying in a non-degree program, teaching lecturing, observing, consulting, conducting research, training, demonstrating special skill, optional practical training, clinical activities, temporary employment, here with spouse, business activities, curricular practical training.

Days outside the USA:

In the following table enter the number of days you were outside the USA for the time period specified: Do not count days prior to 1st entry or after final departure.

This Year	Last Year	2 years ago	3 years ago	4 years ago	5 years ago	6 years ago

Income Information: Check all that you are receiving.

Wages/Payments for Services

What is your estimated annual income? _____

What is your University of Illinois job title? _____

Self Employed/Honorarium

How many days will you perform the service? _____

Did you receive an honorarium for more than 5 organizations in the prior 6 months? Yes No

Do you have a withholding agreement with the IRS? Yes No

Fellowship

Are you a degree candidate? Yes No

Is your stay planned for over 356 days? Yes No

Are you studying outside of the USA? Yes No If Yes, what country? _____

Award

Travel/Expense Reimbursement

Payee Certification *Payment will not be processed without a signature.*

I hereby certify that all the above information is true and correct. I also understand that if any of the information provided in this form changes, I will submit a new Foreign National Tax Information form to the University.

Signature: _____ Date: _____

Home Telephone Number (include area code): _____ Work/Office Telephone Number (include area code): _____