



The Foreign National Information Form **MUST be completed and returned 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, your US VISA from your passport, the picture page of your passport, the I-20 form, all must be submitted with this form.

**Instructions on back**

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

(2) Social Security # \_\_\_\_\_ (3) WPI ID # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**(4) U.S. LOCAL ADDRESS:**

(4) \_\_\_\_\_

(4) \_\_\_\_\_

(4) \_\_\_\_\_

(4) City: \_\_\_\_\_

(4) State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**(5) FOREIGN RESIDENCE ADDRESS:**

(5) Address line 1: \_\_\_\_\_

(5) Address line 2: \_\_\_\_\_

(5) Address line 3/City: \_\_\_\_\_

(5) Postal Code: \_\_\_\_\_ Province/Region: \_\_\_\_\_

(5) Foreign County: \_\_\_\_\_

(6) Country of Citizenship: \_\_\_\_\_ (7) Country that Issued Passport: \_\_\_\_\_

(8) Passport #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ (9) Visa # (red # on VISA): \_\_\_\_\_

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

**(11) IMMIGRATION STATUS:**

U.S. Immigrant / Permanent Alien

F-1 Student

J-2 Spouse or Child of Exchange Visitor

J-1 Exchange Visitor

H-1 Temporary Employee

O-2 Personnel Accompanying O-1 Alien

O-1 Alien of Extraordinary Arts Ability

P-1 Int'l. Renowned Performing Group

P-3 Culturally Unique Performers/Groups

Other \_\_\_\_\_

**(12) IF IMMIGRATIONS STATUS IS J-1, WHAT IS THE SUBTYPE?**

01 Student

05 Professor

12 Research Scholar

02 Short Term Scholar

Other \_\_\_\_\_

**(13) WHAT IS THE PRIMARY ACTIVITY OF THE VISIT?**

01 Studying in a Degree Program

02 Studying in a Non-Degree Program

03 Teaching

04 Lecturing

05 Observing

06 Consulting

07 Conducting Research

08 Training

09 Demonstrating Special Skills

10 Clinical Activities

11 Temporary Employee

12 Here with Spouse

**(14) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**(15) WHAT IS THE ACTUAL DATE YOU ENTERED THE U.S.A.?**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**(16) WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS FOR THIS ACTIVITY?**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**(17) INCOME PROVIDING ACTIVITY ( ex. TA / RA / Fellowship )?**

\_\_\_\_\_

**(18) IF A STUDENT, WHAT TYPE?**

Undergraduate \_\_\_\_\_ Masters \_\_\_\_\_

Doctoral \_\_\_\_\_ Other \_\_\_\_\_

**(19) SPOUSE IN U.S.A.?**

Yes \_\_\_\_\_ No \_\_\_\_\_

No. of dependents \_\_\_\_\_

## FOREIGN NATIONAL INFORMATION FORM (PAGE 2)

The Foreign National Information Form

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:					Have you taken any Treaty Benefits?	
Date of Entry (Month / Day/Year)	Date of Exit (Month / Day/Year)	Visa Immigration Status	If J-1, Subtype	Primary Activity	Yes	No
_/_/___	_/_/___	_____	_____	_____	Yes	No
_/_/___	_/_/___	_____	_____	_____	Yes	No
_/_/___	_/_/___	_____	_____	_____	Yes	No
_/_/___	_/_/___	_____	_____	_____	Yes	No
_/_/___	_/_/___	_____	_____	_____	Yes	No
_/_/___	_/_/___	_____	_____	_____	Yes	No
_/_/___	_/_/___	_____	_____	_____	Yes	No
_/_/___	_/_/___	_____	_____	_____	Yes	No
_/_/___	_/_/___	_____	_____	_____	Yes	No
_/_/___	_/_/___	_____	_____	_____	Yes	No

*Reference information for the above table:*

<b>SAMPLE IMMIGRATION STATUS:</b> U.S. Immigrant / Permanent Alien F-1 Student H-1 Temporary Employee J-1 Exchange Visitor J-2 Spouse or Child of Exchange Visitor O-1 Alien of Extraordinary Ability/Arts O-2 Personnel Accompanying O-1 Alien P-1 Int'l Renowned Performing Group P-3 Culturally Unique Performers/Grp.	<b>SAMPLE J-1 SUBTYPES:</b> 01 Student 02 Short Term Scholar 05 Professor 12 Research Scholar	<b>PRIMARY ACTIVITIES:</b> 01 Studying in Degree Program 02 Studying in Non-Degree Program 03 Teaching 04 Lecturing 05 Observing 06 Consulting 07 Conducting Research 08 Training 09 Demonstrating Special Skills 10 Clinical Activities 11 Temporary Employee 12 Here with Spouse
--	---	--

**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 Tax Manager.**

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

### INSTRUCTIONS FOR 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. Do not list numbers not assigned by US Social Security, i.e. Canadian social security numbers. If none, enter your TIN issued by IRS. If SSN not yet available, attach proof of application thereof.
3. ID# - not necessary from visiting artists.
4. Local Street Address: Where you sleep at night.
5. Residence: List your non-US address.
6. Country of Citizenship(s).
7. Country that issued the passport. List Country in which you were issued your passport.
8. Passport #. Enter your Passport Number.
9. Enter your Visa # - Not the Control # that begins with a year.
10. Immigration Status - previous. Check Yes or No. If yes, complete table above. Approximate if you don't know.
11. Immigration Status: Check the type of immigration status that you currently hold. If you check US Immigrant/Permanent Resident, holder of a "green" card, you may proceed to the end of the form - simply sign and date above.
12. Visa Immigration Status for J-1: Check the appropriate J-1 subtype.
13. Actual Primary Activity: Check ONE activity only.
14. Start Date: MUST include month, day, and year in that order. Approximate if you don't know.
15. Actual Entry Date in the United States: MUST include month, day, and year in that order. Approximate if you don't know.
16. End Date: MUST include month, day, and year in that order. Approximate if you don't know.
17. Occupation: Describe in general the service you will perform.
18. Student Type: If applicable, check appropriate box.
19. Is your spouse in the USA? Check the appropriate box. Give number of other dependents in the USA, too.