

# UNIVERSITY OF NORTH CAROLINA SCHOOL OF THE ARTS

## Foreign National Information Form

This form must be completed before you can receive any form of payment. All applicable questions below must be answered. The following documents must be attached to this completed form: 1. copy of **Passport**; 2. copy of **Visa**; 3. copy of **I-94 Departure Record**; 4. copy of **Social Security card** or **ITIN card**; 5. copy of **Form I-20** or **Form IAP66/DS2019**.

Send the original of this form to:

*UNCSA Controller's Office; Administrative Services Building; 1533 S. Main Street, Winston-Salem, NC 27127*

### PERSONAL / PASSPORT INFORMATION

Last or Family Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

U. S. Social Security No. or Individual Taxpayer Identification No.: \_\_\_\_\_ Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_  
month/ day/ year

NCSA Student No.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

U. S. Telephone No.: (Work) \_\_\_\_\_ U. S. Telephone No.: (Home) \_\_\_\_\_

Country of citizenship: \_\_\_\_\_ Country that issued passport: \_\_\_\_\_

Passport No.: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month/ day/ year

Visa No.: (control number in upper right corner of stamp in passport): \_\_\_\_\_

### ADDRESSES

U.S. Local Street Address: \_\_\_\_\_ Foreign (home) Residence Address (should not be P.O. Box)

Street \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ City Province / State Postal Code \_\_\_\_\_

State Zip Code \_\_\_\_\_ Country \_\_\_\_\_

### CURRENT IMMIGRATION STATUS

U.S. Immigrant/Permanent Resident

F-1 Student

H-1B Temporary Worker

J-2 Dependent

J-1 Exchange Visitor

Other: \_\_\_\_\_

J-1 Exchange Visitor, what category?

Student  Professor  Research Scholar  Short Term Scholar  Other: \_\_\_\_\_

### PRIMARY ACTIVITY DURING THIS VISIT (Choose only one)

Studying in a degree program

Observing

Demonstrating special skills

Studying in a non-degree program

Consulting

Clinical activities

Teaching

Conducting research

Temporary employment

Lecturing

Training

Here with spouse

What is the actual date you entered the United States?

(This date is stamped on your visa and I-94 Departure Record) month/ day/ year \_\_\_\_/\_\_\_\_/\_\_\_\_

What was the start date of your immigration status for the current activity?

(In many cases, this is the date you entered the U.S.) month/ day/ year \_\_\_\_/\_\_\_\_/\_\_\_\_

What is the projected end date of your primary activity?

(In many cases, this is the completion date on your immigration document.) month/ day/ year \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are a student, at what level do you study?

Undergraduate

Masters

Other: \_\_\_\_\_

Describe the activity that will result in U.S. income (i.e. professor of physics, consulting, teaching assistant, food service worker, scholarship, contest prize, etc.) \_\_\_\_\_

Name of UNCSA department providing the income: \_\_\_\_\_ Amount: \_\_\_\_\_ \*

Payment Type:  Wages  Scholarship  Honorarium  Other \_\_\_\_\_

\* For Wages the amount should be the estimated annual income (Calendar Year).

**TAX EXEMPTIONS INFORMATION**

Is your spouse in the U.S.?  Yes  No Is your spouse employed?  Yes  No

Do you want to claim an exemption for your spouse if legally allowed to do so?  Yes  No

Do you have other dependents in the U.S. you would like to claim exemptions for?  
 Yes  No If so, how many? \_\_\_\_\_

**RESIDENCY VERIFICATION**

What country did you live in before this visit to the U.S.? \_\_\_\_\_

Did you pay taxes as a resident of that country?  Yes  No

Did your tax residency in that country end prior to this visit to the U.S.?  
 Yes  No If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_  
month/ day/ year

**U.S. IMMIGRATION HISTORY**

(If the answer to either of the questions below is yes, please complete U.S. Immigration History, Part 2.)

Have you ever had another immigration status in the United States?  Yes  No

Have you ever been present in the United States before this visit?  Yes  No

**U.S. IMMIGRATION HISTORY, Part 2**

Please list any F, J, M, or Q visa immigration activity since January 1, 1985 and all other visa immigration activity only for the past three calendar years.

Date of US Entry	Date of US Exit	Visa/Immigration Status	J-1 Subtype	Primary Activity	Have you Taken Any Treaty Benefits?
month/day/year	month/day/year				Yes 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

**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 the form I must submit a new Foreign Visitor Information Form.**

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

**Consent and Authorization to Release Information**

I, \_\_\_\_\_ (name) hereby authorize The University of North Carolina School of the Arts to release information contained on the Foreign Visitor Information Form to Windstar Technologies, Inc., P.O. Box 800, 1504 Providence Hwy, Norwood, MA 02062-0800 for the following purpose: technical software support for THE INTERNATIONAL TAX NAVIGATOR SYSTEM.

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