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
City
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: _________________

Form NRA 001 (Rev. 7/02)
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? _____/____/_____

**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.

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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 ________________________________