

Foreign Visitor Information Form – TO BE COMPLETED BY STUDENT/EMPLOYEE

This form must be completed before the foreign visitor 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/Arrival Record)**; 4. copy of **Form I-20 or Form DS-2019**; 5. copy of **Employment Authorization Document (EAD)**. This form is to be verified by College staff based on the information provided.

Do not send files through unsecure email!

1. Personal Information

Last or Family Name _____ First Name _____ Middle Name _____

U.S. Telephone No. (Day) _____ Email Address _____

Date of Birth ____/ ____ / ____ U.S. Social Security No. or Individual Taxpayer Identification No. _____
month / day / year

U.S. Address

Street _____

City _____ State _____ Zip Code _____

Foreign Residence Address

Country _____ Street _____

City _____ Province/State _____ Postal Code _____

2. Passport/Visa Information

Country of Citizenship _____ Country that issued passport _____

Passport No. _____ Passport Expiration Date ____/ ____ / ____
month / day / year

Visa No. _____

3. Current Immigration Status

- F-1 Student
IF F-1 Student, part time or full time?
 Part Time Full Time
- H-1B Temporary Worker
- H-4 Dependent
- Other _____
- J-1 Exchange Visitor
IF J-1 Exchange Visitor, what category?
 Student Research Scholar
 Professor Other
- J-2 Dependent

4. Primary Activity During This Visit (only choose one option)

- Studying in a Degree Program
- Studying in a Non-Degree Program
- Teaching
- Lecturing
- Observing
- Consulting
- Conducting Research
- Training
- Demonstrating Special Skills
- Clinical Activities
- Temporary Employment
- Here with Spouse

What is the start date of your immigration status for the current activity? ____/ ____ / ____
month / day / year

What is the projected end date of your current activity? ____/ ____ / ____
month / day / year

5. Payment Information

Payment Type: Wages Scholarship Honorarium Other _____

Amount: _____ *For wages, enter the estimated annual income (calendar year)*

Job Title: _____ (only applicable if employed by the college)

Describe the activity that will result in U.S. income _____

If you are a student completing optional practical training (OPT), at what level do you study? Undergraduate Masters Doctoral

6. 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

Please list the dates of residency in that country? From _____ / _____ / _____ To _____ / _____ / _____
month / day / year month / day / year

7. U.S. Immigration History

Have you ever been present in the U.S. before this visit? Yes No

What is the date you first entered the U.S.? _____ / _____ / _____
month / day / year

Do you want to claim treaty benefits if legally allowed to do so? Yes No

Please complete your immigration history since January 1, 1985. This section is required for all visa types.

Date of U.S. Entry month/day/year	Date of U.S. Exit month/day/year	Visa/Immigration Status	J-1 Subtype	Primary Activity	Have you taken any 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

Foreign National's Signature: I hereby certify that all of the above information is true and correct. I understand that if ANY of my information changes from that which I have indicated on this form I must submit a new Foreign Visitor Information Form.

Signature _____ **Date** _____

I consent to allow the Foreign National Tax Compliance Team to access my electronic I-94 record and/or travel history using the U.S. Customs and Border Protection's online I-94 retrieval system at <https://i94.cbp.dhs.gov/i94/#/home#section>. **Initial:** _____

I, _____ (foreign national's name) hereby authorize the NC Community College System to release information contained on the Foreign Visitor Information Form to Thomson Reuters, Inc., for the following purpose: technical software support for the International Tax Navigator System.

Foreign National Signature _____ **Date** _____

I certify that I interviewed the foreign national and verified this form with the information provided by the individual.

Signature of College Staff _____ **Date** _____

4. Primary Activity During this Visit

The primary activity determines the type of treaty benefits the individual may be eligible to receive. Most of the time, the start date is stamped on the individual's visa and I-94 record. The completion date will be on the individual's immigration documentation in most cases (Form I-20 or DS-2019).

5. Payment Information

For payment of wages, please enter the estimated annual income for the calendar year. This is very important for determining possible treaty benefits. Some examples of activities that will result in U.S. income are student employee, professor, scholarship, award, etc.

6. Residency Verification

As mentioned in an earlier section, treaty benefits are based on the individual's current tax residency. This section is a verification of residency to ensure the correct treaty benefits are offered.

7. U.S. Immigration History

It is extremely important for the individual to provide all the information requested in this section. This section will help determine residency status for tax purposes (nonresident or resident alien) and treaty benefits. If the individual has taken treaty benefits before, it is very important for them to provide this information. Many treaties contain limitations. If the individual chooses no, indicating they do not want to claim treaty benefits, the Foreign National Compliance Team will not run the analysis for treaty benefits.

SIGNATURES

This form requires the foreign national to sign in two different places and initial in another.

The first signature is the foreign national certifying the information is true and correct. They are also pledging to notify you of any future changes to the information they have provided.

The second line requests their permission for the Foreign National Tax Compliance Team to access their electronic I-94 record (travel history). This is very important in determining residency status (nonresident or resident alien).

The third line requests their permission to release the information in this form to the software the System Office uses to determine tax residency and if treaty benefits are applicable.

This form also requires the signature of the college employee that interviews the foreign national and verifies the form.