**Foreign Visitor Information Form - TO BE COMPLETED BY FOREIGN VISITOR**

This form must be completed **before** the foreign visitor or vendor can receive any form of payment. All applicable questions below must be answered. If complete and detailed information is not provided it may cause an inaccurate tax withholding analysis. The following documents must be provided to validate the information contained on this 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 will be used to provide an analysis of proper tax withholding for any payments made. Incomplete or incorrect information may provide invalid tax withholding. All forms are maintained by each community college based on local guidelines. No forms are sent to the NC Community College System Office.

# 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 Taxpayer Identification No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## U.S. Address

Street (This cannot be a post office box.)

City State Zip Code

## Foreign Residence Address

Country Street (This cannot be a post office box.)

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

# Passport/Visa Information

Country of Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country Issuing Passport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport Expiration Date \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

# Visa No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visa Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

#  Current Immigration Status

* **F-1 Student – Academic Studies** – must be enrolled full-time (Five (5) years maximum)
* **J-1 Exchange Visitor** – Work & Study Based Exchange Programs
	+ Student
	+ Scholar, Research Assistant
	+ Professor/Teacher
	+ Other Specialists
* **J-2 Dependent - Spouse or Dependent** (under 21 years of age) of J-1 Exchange Visitor
* **H-1B Temporary Worker** – Specialized Occupation or Knowledge with a minimum of Bachelors’ degree
* **H-4 Dependent** – Spouse or Dependent (under 21 years of age) of H-1B Temporary Worker
* **M-1 Vocational Studies Student** –must be enrolled full-time
* **Other**
1. **Primary Activity During This Visit (Only one option is allowed)**
* Studying in a Degree Program
* Studying in a Non-Degree Program
* Teaching
* Lecturing
* Observing
* Consulting
* Conducting Research
* Specialized Training
* Demonstrating Special Skills
* Clinical Activities
* Temporary Employment
* Here with Spouse
1. **Payment Information**

Payment Type: □ Wages/Salaries □ Scholarships □ Honorarium □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Choosing Scholarships will open program to additional questions.

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

□Undergraduate □Masters □Doctoral

If additional payments have been received, please attach separate sheet.

1. **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 \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

1. **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.? \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Do you want to claim treaty benefits if legally allowed to do so?

* Yes
* No – if this is checked, the individual will lose all possible treaty benefits

**Please complete your immigration history since January 1, 2020. This section is required for all visa types and should include all trips entering and exiting the U.S.**

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| Date of U.S. **Entry** MM/DD/YYYY |  | Date of U.S. **Exit** MM/DD/YYYY |  | Visa/Immigration Status-Designation |  | J-1 Subtype (If J-1 Visa) |  | Primary Activity |  | Treaty Benefits Taken? (Y/N) |
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**If a foreign national employee or student is a permanent resident (with a green card) or DACA (Deferred Action for Childhood Arrivals), withholding should be done as any other US citizen. No Sprintax analysis is required.**

**Foreign National’s Signature and Statement/Attestation:**

I hereby certify all previous information is true and correct. I understand that if ANY of my information changes from that which I have provided on this form I must submit a new Foreign Visitor Information Form. I also understand that if I have provided incorrect information and it causes incorrect tax withholding, I am solely responsible for all information provided.

I consent to allow the local 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 [I94 - Official Website (dhs.gov)](https://i94.cbp.dhs.gov/I94/#/home#section.).

I consent to allow the local Foreign National Tax Compliance Team to release information contained on the Foreign Visitor Information Form and documents provided to Sprintax/Calculus for analysis of tax withholdings and possible treaty benefits.

**Foreign National’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I certify that I have reviewed this form for possible errors and omissions based on information provided and that the foreign visitor has certified that the information provided on this form is correct and that all forms listed in the box on page one (1) have been received.

I cannot process or provide any tax analysis until all information is entered and verified through Sprintax/Calculus. All tax withholdings are determined based on information provided by the Foreign National.

**Signature of College Staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**