

13. What is the actual date you entered the United States for this Primary Activity? (month/day/year) _____
14. What is the start date of your immigration status? (month/day/year) _____
15. What is the end date of your immigration status Primary Activity? (month/day/year) _____
16. If you are not a student, describe in general the service you will perform (e.g. "Professor of Chemistry.")

17. If you are a student check off the type of student you are:
 Undergraduate Master Doctoral Other (please specify) _____

18. Are you married? Yes No Is your spouse in the U.S.? Yes No Number of Dependents _____

19. **For Consultants/Self Employed Individuals:** Do you/will you have a fixed office (fixed base) in the USA?
 If yes, how many tax days in this year did you/will you have an office? This includes any office at any location. Number of days _____

20. Country of Residence if different from foreign address (other than your U.S address) _____
 Did tax residency end? Yes No If yes, when? (month/day/year) _____

21. Please list any Visa immigration activity in the last three calendar years and all F, J, M or Q Visas since 1/1/1985. Use the "key" below to complete Visa Immigration Status, J-1 Subtype and Primary Activity columns.

<i>Date of Entry</i> <i>(month/day/year)</i>	<i>Date of Exit</i> <i>(month/day/year)</i>	<i>Visa Immigration Status</i>	<i>J-1 Subtype</i>	<i>Primary Activity</i>	<i>Have You Taken</i>	
					<i>Yes</i>	<i>No</i>
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No

Key

VISA IMMIGRATION STATUS:

U.S. Immigrant/ Permanent Resident, F-1 Student Spouse or child of Exchange, H-1 Temporary Employee
 Visitor J-1 Exchange, Visitor Other (please specify) _____

J-1 Subtype

01 Student 02 Short Term Scholar 05 Professor 12 Research Scholar Other (please specify) _____

PRIMARY ACTIVITY:

01 Studying in a Degree Program 05 Observing 09 Demonstrating Special Skills
 02 Studying in a Non-Degree Program 06 Consulting 10 Clinical Activities
 03 Teaching 07 Conducting Research 11 Temporary Employee
 04 Lecturing 08 Training 12 Here with Spouse
 99 Other (please specify) _____

I hereby certify that all of the information provided 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 Payroll Department.

Signature: _____ Date (month/day/year) _____

E-mail address: _____ Phone number: _____