

BRANDEIS UNIVERSITY
FOREIGN NATIONAL INFORMATION FORM FOR 2008

This form must be completed and returned to the Payroll Office before you may receive any form of payment from Brandeis University. Failure to return this form to the Payroll Office will result in withholding of all paychecks, or payments to you from our Accounts Payable Office until this form is completed and received by the Payroll Office at Bernstein-Marcus MS-110. Please call Payroll at 6-4475 if you have any questions about this form.

Please attach a copy of passport, U.S. visa, I-94 form, and I-20 or DS-2019

Please print all information

1. I am a Brandeis University (check one) Faculty Member _____ Student _____ Post Doc _____
Consultant/Visitor/Other _____ Department: _____

2. Last or Family Name _____ First _____ Middle _____
Birth date: _____

3. U.S Tax ID:
U.S. Social Security Number _____ - _____ - _____ or ITIN Number issued by the IRS _____
Or: I do not have a U.S. ID _____.

4. U.S. Local Address _____
No. _____ Street _____
City/Town _____ State _____ Zip _____
(If no permanent address in the U.S., write the Brandeis Department you are visiting.)

5. Foreign Residence Address _____
Line 1 _____
Line 2 _____
Postal Code _____ City _____ Province _____ Country _____
Do you want tax related mailing sent to your U.S. or foreign address? U.S. _____ Foreign _____

6. Country of Citizenship _____ 7. Country that issued Passport _____

8. Passport Number _____ 9. Visa Number _____ (red numbers on visa)

10. Immigration Status (check one)
____ U.S. Immigrant/Permanent Resident (holder of a green card) **STOP here, sign bottom of form on page 2 and return to Payroll**
____ J-1 Exchange Visitor (**go to #11**)
____ F-1 Student (**skip to #12**) ____ J-2 Spouse or Child of Exchange Visitor (**skip to #12**)
____ Other (please specify) _____ (**skip to #12**)

11. If Immigration Status is J-1, what is the subtype? (check one)
____ (01) Student ____ (02) Short Term Scholar ____ (05) Professor ____ (12) Research Scholar ____ Other

12. What is the actual primary purpose of the visit? (check one)
____ 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 _____

13. What is the actual date you entered the United States for this Primary Activity? _____/_____/_____
month day year

14. What is the end date of your immigration status Primary Activity?
(Latest date of your most recent I-20 or DS-2019) _____/_____/_____
month day year

Brandeis University
Foreign National Information Form for 2006
Page 2

15. If you are not a student, describe in general the service you will perform (e.g. "Professor of Chemistry or Guest Lecturer")

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

17. For Consultants or Guest Speakers: 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 _____

18. Tax residency: In what country did you last pay taxes? _____

19. Please list any Visa immigration activity in the last five 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.

Date of Entry	Date of Exit	Visa Type	J-1 Subtype	Primary Purpose	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
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Key

VISA Type:

- | | |
|--|----------------------------------|
| 1.) U.S. Immigrant/ Permanent Resident | 4.) F-1 |
| 2.) J-1 | 5.) H-1 Temporary Employee |
| 3.) J-2: spouse or child of J-1 | 6.) Other (please specify) _____ |

J-1 Subtype

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

PRIMARY PURPOSE:

- | | | |
|-------------------------------------|------------------------|---------------------------------|
| 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** _____

E-mail address: _____ **Phone number:** _____