# BRANDEIS UNIVERSITY
# FOREIGN NATIONAL INFORMATION FORM FOR 2009

This form must be completed and returned to the Payroll Office before you may receive any form of payment from Brandeis University. **Please attach a copy of BOTH sides of your I-94 form "Arrival and Departure Record" (a small white card inside your passport), a copy of your U.S. visa from your passport, and I-20 or IAP66.** 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 6-4544 if you have any questions about this form.

**Please print all information**

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

2. Last or Family Name_____ First_____ Middle_____
Birth date: _____

3. U.S. Social Security Number _____-_____-_____ If you do not have a SSN, provide your ITIN Number issued by the IRS _____.

4. U.S. Local Address    _____
           No.                       Street

           _____
           City/Town                           State         Zip

5. Foreign Residence Address    _____
                               Line 1

                               _____
                               Line 2

_____
Postal Code Province/Region

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

8. Passport Number _____    9. Visa Number _____
                                                (not the number that begins with a year)

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 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    _____ Masters    _____ Doctoral _____    Other (please specify)_____

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

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.

| Date of Entry | Date of Exit | Visa Immigration Status | J-1 Subtype | Primary Activity | Have You Taken Any Treaty Benefits |
|---|---|---|---|---|---|
| ___ / ___ /___ | ___ / ___ /___ | _____ | _____ | _____ | () Yes () No |
| ___ / ___ /___ | ___ / ___ /___ | _____ | _____ | _____ | () Yes () No |
| ___ / ___ /___ | ___ / ___ /___ | _____ | _____ | _____ | () Yes () No |
| ___ / ___ /___ | ___ / ___ /___ | _____ | _____ | _____ | () Yes () No |
| ___ / ___ /___ | ___ / ___ /___ | _____ | _____ | _____ | () Yes () No |

**Key**
VISA IMMIGRATION STATUS:

| | | |
|---|---|---|
| U.S. Immigrant/ Permanent Resident | F-1 | Student |
| Spouse of 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 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: _____