

FOREIGN NATIONAL DATA FORM

The Foreign National Information Form must be completed before you can receive any form of payment from the Payroll or Accounts Receivable departments. All applicable questions must be answered.

Last (Family) Name: _____ First: _____ Middle: _____

Social Security Number or Individual Taxpayer Identification Number: _____ - _____ - _____ Visa No. _____

Virginia Tech (Hokie) ID: _____ Date of transfer to Virginia Tech (if applicable) _____

Date of very first 1st arrival in the United States (US) and Visa Type: _____

Country of Citizenship: _____ Country That Issued Passport: _____

U.S. LOCAL ADDRESS:

FOREIGN RESIDENCE ADDRESS:

City: _____

City: _____

State: _____ Zip: _____

Province: _____ Zip: _____

Country: _____

Country of Tax Residence if Different From Foreign Residence Address: _____

Did tax residency end? Yes No If Yes, when _____ / _____ / _____
Month / Day / Year

INCOME PROVIDING ACTIVITY: (What is your occupation or generally describe the service you will performs) _____

FOR CONSULTANTS OR SELF-EMPLOYED INDIVIDUALS:

Do you or will you have an office (fixed base) in the United States? Yes No

If Yes, how many days in this tax year did you/will you have an office (fixed base)? _____ days.

CURRENT IMMIGRATION STATUS:

U.S. Immigrant/Permanent Resident

J-1 Exchange Visitor

F-1 Student

H-1B Temporary Visitor

J-2 Dependent of Exchange Visitor

OPT or CPT

Other _____

What is the Start Date of This Immigration Status (Issue date of visa)? _____ / _____ / _____
Month / Day / Year

IF F-1 VISA STATUS WHAT IS STUDENT TYPE? CHECK ONE:

Undergraduate

Masters

Doctoral

Other _____

Not Applicable

IF J-1/J-2 VISA STATUS, WHAT IS THE SUBTYPE? CHECK ONE:

Student

Professor

Research Scholar

Short Term Scholar

Other _____

WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? CHECK ONE:

01 Studying in a degree program

05 Observing

08 Training

03 Teaching

06 Consulting

11 Temporary Employee

04 Lecturing

07 Conducting Research

12 Here with Spouse

15 Student Intern

What is the actual date you entered the United States for this primary activity? _____ / _____ / _____
Month / Day / Year

What is the end date of your immigration status' primary activity? _____ / _____ / _____
Month / Day / Year

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM WITH YOUR VISA HISTORY AND SIGNATURE.

PLEASE LIST ALL USA - F, J, M, Q OR H VISA IMMIGRATION ACTIVITY SINCE 1/1/1985

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Have you taken any tax 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
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE LIST ALL OTHER USA - VISA IMMIGRATION ACTIVITY IN LAST THREE (3) CALENDAR YEARS

____/____/____	____/____/____	_____	_____	_____	<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

I hereby certify that all of the information on this form 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 Data Form to the Payroll Department.

Signature: _____ Date: ____/____/____