

The University of North Carolina at Asheville Foreign National Information Form

Note: This form MUST be completed 6 weeks prior to start of employment or contract.

This form should be completed by any foreign national (including but not limited to: faculty, staff, student, vendor, contractor, etc.) anticipating any association with The University of North Carolina at Asheville. This form **MUST** be completed before you can receive any form of payment. All applicable questions below must be answered.

Copies of the following documents must accompany this completed form:

- Passport
- Visa
- I-94 Departure Record
- Form I-20 or Form DS2019
- For Canadian Residents, make a copy of both driver's license and social insurance card OR a copy of passport identity page.

PERSONAL / PASSPORT INFORMATION

Last or Family Name: _____ First: _____ Middle: _____

U. S. Social Security /Taxpayer Identification No.: _____ Date of Birth: _____
DD-MMM-YYYY

Employer: _____ E-mail address: _____

U. S. Telephone No.: (Work) _____ U. S. Telephone No.: (Home) _____

Country of citizenship: _____ Country that issued passport: _____

Passport No.: _____ Passport Expiration Date: _____
DD-MMM-YYYY

Visa No.: (control number in upper right corner of stamp in passport): _____

ADDRESSES

U.S. Local Street Address:

Street

City

State

Zip Code

Foreign (home) Residence Address
(should not be P.O. Box)

Street

City

Province/State

Postal Code

Country

CURRENT IMMIGRATION STATUS

- U.S. Immigrant/Permanent Resident
- H-1B Temporary Worker
- DACA
- F-1 Student
- F-2 Dependent
- VISA Waiver
- J-1 Exchange Visitor *
- J-2 Dependent
- Other Visa Type: _____

* If J-1 Exchange Visitor, what category?

- Student
- Professor
- Research Scholar
- Short Term Scholar
- Other: _____

PRIMARY ACTIVITY DURING THIS VISIT (Choose only one)

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Studying in a degree program | <input type="checkbox"/> Consulting | <input type="checkbox"/> Temporary employment |
| <input type="checkbox"/> Studying in a non-degree program | <input type="checkbox"/> Teaching | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Conducting research | <input type="checkbox"/> Lecturing | <input type="checkbox"/> Here with spouse |
| <input type="checkbox"/> Demonstrating special skills | <input type="checkbox"/> Training | <input type="checkbox"/> Clinical activities |

What is the date you first entered the United States? Please estimate if unknown.
(This date is the first trip you ever made to the United States) _____
DD-MMM-YYYY

What was the start date of your immigration status for the current activity?
(This date is stamped on your visa and I-94 Departure Record) _____
DD-MMM-YYYY

What is the projected end date of your primary activity?
(In many cases, this is the completion date on your immigration document.) _____
DD-MMM-YYYY

If you are a student, at what level do you study?
 Undergraduate Masters Doctoral Other:

Describe the activity that will result in U.S. income (i.e. employee, professor of physics, consulting, food service worker, scholarship, contest prize, etc.) _____

What is the start date of this activity? _____
DD-MMM-YYYY

TAX EXEMPTION INFORMATION

- Is your spouse in the U.S.? Yes No Is your spouse employed? Yes No
- Do you want to claim an exemption for your spouse if legally allowed to do so? Yes No
- Do you have other dependents in the U.S. you would like to claim exemptions for?
 Yes No If so, how many? _____

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? _____
DD-MMM-YYYY DD-MMM-YYYY

U.S. IMMIGRATION HISTORY, Part 1

- Have you ever had another immigration status in the United States? Yes No
- Have you ever been present in the United States before this visit? Yes No

U.S. IMMIGRATION HISTORY, Part 2 - REQUIRED

Please complete your immigration history for the past 5 years. If you do not know exact dates, please estimate each arrival and departure date. If you are in F, J, M, or Q visa status, please include all arrival and departure activities since January 1, 1985. Please note this section is REQUIRED for all visa types

Date of US Entry DD-MMM-YYYY	Date of US Exit DD-MMM-YYYY	Visa Immigration Status	J-1 Subtype	Primary Activity	Did You Take 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
_____	_____	_____	_____	_____	<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 above information is true and correct. I understand that if ANY of my information changes, including status, from that which I have indicated on this form I must submit a new Foreign National Information Form.

Foreign National Signature: _____ Date: _____
DD-MMM-YYYY

Consent and Authorization to Release Information

I, _____ (foreign national's name) hereby authorize the North Carolina entity listed to release information contained on the Foreign National Information Form to Thomson Reuters, Inc. for the following purpose: technical software support for THE WINDSTAR INTERNATIONAL TAX NAVIGATOR SYSTEM.

Foreign National Signature: _____ Date: _____
DD-MMM-YYYY

To Be Completed by UNC Asheville Department

Name of department providing the income: _____

Amount*: \$ _____

Payment Type: Wages Scholarship Honorarium Other

* For Wages the amount should be the estimated annual income (Calendar Year).