Accounts Payable's Foreign National Information Form

The Foreign National Information Form must be completed and returned to Accounts Payable, Rm 210 Admin. Bldg., before you can receive any form of payment. All applicable questions below must be answered.

1) Last or Family Name _____First _____Middle_____

2) Social Security or ITIN Number: _____

3) Foreign Residence Address: _____

_____

City: _____

Zip Code: _____

Providence: _____

4) U.S. Local Street Address: (if applicable) _____

_____

City: _____State: _____Zip Code: _____

5) Country of Citizenship: _____

6) Country that issued Passports: _____

7) Passport # _____Expiration Date _____/_____/_____

8) Visa # _____Expiration Date _____/_____/_____

9) Immigration Status: (type of Visa)

_____U.S. Immigrant/ Permanent Resident _____F –1 student _____J-2 Spouse or Child

_____J- 1 Exchange Visitor _____H-1 Temporary Employee or Exchange Visitor

_____Visa Waver Business (Canadian)

_____Other: description _____

10) What is the Primary Activity of the Visit?

_____01 Studying in a Degree Program _____06 Consulting

_____02 Studying in a Non-Degree Program _____07 Conducting Research

_____03 Teaching _____08 Training

_____04 Lecturing _____09 Demonstrating Special Skills

_____05 Observing _____10 Clinical Activity

_____99 Other: Explain reason _____

11) What is the Actual Date you Entered the United States for this Primary Activity? _____/_____/_____

12) How long will you be in the United States for 2008? _____days

13) Do you or will you have an office (fixed base) in the United States? _____Yes _____No