



Accounting
2900 Campus Box
336-278-5260

Foreign National Information Form

Please complete this form and return to Joyce Pepper in the HR/Business Building. The following documents must be attached to the completed form:
1. Copy of Passport
2. Copy of Visa
3. Copy of I-94 Departure Record
4. Copy of Social Security card or ITIN card
5. Copy of Form I-20 (if a student) or Form IAP66 / DS2019

Today's Date

Personal Information

Last Name	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Email Address	<input type="text"/>

US Social Security Number	<input type="text"/>
Date of Birth (month/day/year)	<input type="text"/> / <input type="text"/> / <input type="text"/>
U.S. Telephone Number (Home)	<input type="text"/> - <input type="text"/> - <input type="text"/>
U.S. Telephone Number (Work)	<input type="text"/> - <input type="text"/> - <input type="text"/>

U.S. Local Street Address	
Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>

Foreign Residence Permanent Address (Do not use P.O. Box)	
Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
City	<input type="text"/>
Province/State	<input type="text"/>
Postal Code/Country	<input type="text"/>

VISA Detail

Current Immigration Status

<input type="checkbox"/> U.S. Immigration/Permanent Resident (attach copy of green card)	<input type="checkbox"/> F-1 Student
<input type="checkbox"/> H-1B Temporary Worker	<input type="checkbox"/> J-2 Dependent
<input type="checkbox"/> J-1 Exchange Visitor	<input type="checkbox"/> Other (please specify) <input type="text"/>
<input type="checkbox"/> Student	
<input type="checkbox"/> Professor	
<input type="checkbox"/> Research Scholar	
<input type="checkbox"/> Short Term Scholar	
<input type="checkbox"/> Other (please specify) <input type="text"/>	

If you are a student, at what level do you study?

<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral
<input type="checkbox"/> Other (please specify) <input type="text"/>		

Primary Activity During This Visit (Choose Only One)

<input type="checkbox"/> Studying in a degree program	<input type="checkbox"/> Conducting Research
<input type="checkbox"/> Studying in a non-degree program	<input type="checkbox"/> Training
<input type="checkbox"/> Teaching	<input type="checkbox"/> Demonstrating special skills
<input type="checkbox"/> Lecturing	<input type="checkbox"/> Clinical Activities
<input type="checkbox"/> Observing	<input type="checkbox"/> Temporary Employment
<input type="checkbox"/> Consulting	<input type="checkbox"/> Other (please specify) <input type="text"/>

If you are a consultant or self-employed individual that will receive an honorarium for the primary activity, complete questions 1-5.

1) Describe the activity (teaching, lecturing, conducting research, training, consulting) for which you are receiving self-employment income	<input type="text"/>
2) List the number of days you will perform services on the ELON campus (# of days)	<input type="text"/>
3) List the number of institutions from which you have received payments (for academic-related services) during the last 6 months (# of institutions)	<input type="text"/>
4) Do you/will you have an office (fixed base) in the U.S.?	<input type="checkbox"/> yes <input type="checkbox"/> no
5) If yes, how many days in this tax year did you/will you have an office? (# of days)	<input type="text"/>

What was the start date of your immigration status for this activity? (The date you first entered the U.S. for the primary activity I-94 departure record)

Date (mm/dd/yyyy)

What is the projected end date of your primary activity? (Completion date on the immigration document, I-20, DS2019, or end date of employment)

Date (mm/dd/yyyy)

Passport Information

Country of Citizenship

Country that issued passport

Passport Number

Expiration Date

Visa Number (control number in upper right corner of passport)

Income Type/Amount/Dependents

Payment Type

- Wages
- Scholarship
- Honorarium
- Prize/Award
- Other (please specify)

If wages, complete the following

What is the actual date of the first employment in the United States? (mm/dd/yyyy)

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?

Name of ELON department providing the income

Amount \$ (If wages, the amount should represent the estimated calendar year income.)

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

Did your tax residency in that country end prior to this visit to the U.S.? yes no

If yes, when? (mm/dd/yyyy)

U.S. Immigration History

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

If either question is answered "yes," complete U.S. Immigration History - Part 2

U.S. Immigration History - Part 2

What is the actual date you first entered the United States (mm/dd/yyyy)

List all VISA Immigration Activity during the last three calendar years and all F, J, M, or Q Visa Activity since January 1, 1985

Date of U.S. Entry (mm/dd/yyyy)	Date of U.S. Exit (mm/dd/yyyy)	VISA/Immigration Status	J-1 Category	Primary Activity	Have you taken any Treaty Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 my status changes from that which I have indicated on the form, I must submit a new Foreign National Information Form to:

Joyce Pepper, Mgr. Payroll/Payables
2900 Campus Box
Elon, NC 27244

Signature

Date (mm/dd/yyyy)