



FOREIGN NATIONAL INFORMATION FORM (PAGE 1)

The Foreign National Information Form (2 pages) must be completed before any form of payment can be made.

All applicable questions below must be answered. A copy of your electronic I-94 Form "Arrival and Departure Record", a copy of your U.S. visa and passport and I-20 or DS-2019, if applicable, must be attached to this form. This form must be returned for a tax analysis before any payment can be issued or made by Payroll or Accounts Payable and must also be completed by any NRA receiving a scholarship.

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

(2) U.S. Social Security #: _____ (3) IRS ITIN: _____

(4) U.S. LOCAL ADDRESS: _____

(4) Address Line 2: _____

(4) Address Line 3: _____

(4) City: _____

(4) State: _____ Zip: _____

(5) FOREIGN RESIDENCE ADDRESS: _____

(5) Address Line 2: _____

(5) Address Line 3/City: _____

(5) Postal Code: _____ Province/Region: _____

(5) Foreign Country: _____

(6) Country of Citizenship: _____ (7) Country That Issued Passport: _____

(8) Passport #: _____ (9) Visa #: _____

(10) Have you had more than one immigration status in the United States? () Yes, fill out section below. () No, go to question 11.

PLEASE LIST ANY VISA IMMIGRATION ACTIVITY IN THE LAST THREE CALENDAR YEARS **AND ALL F, J, M OR Q VISAS SINCE 1/1/1985**

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

(11) CURRENT IMMIGRATION STATUS:

- ☐ U.S. Immigrant/Permanent Resident
☐ J-1 Exchange Visitor
☐ Other: _____

- ☐ F-1 Student
☐ H-1B Worker in Specialty Occupation

- ☐ J-2 Spouse or Child of Exchange Visitor (EAD required)

(12) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? CHECK ONE:

- ☐ Student
☐ Short Term Scholar

- ☐ Professor
☐ Other: _____

- ☐ Research Scholar

COMPLETE THE REVERSE SIDE OF THIS FORM AND SIGN.

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Studying in a Degree Program | <input type="checkbox"/> Observing | <input type="checkbox"/> Demonstrating Special Skills |
| <input type="checkbox"/> Studying in a Non-Degree Program | <input type="checkbox"/> Consulting | <input type="checkbox"/> Clinical Activities |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Conducting Research | <input type="checkbox"/> Temporary Employment |
| <input type="checkbox"/> Lecturing | <input type="checkbox"/> Training | <input type="checkbox"/> Here with Spouse |

(14) WHEN WAS THE **FIRST EVER** DATE YOU ENTERED THE UNITED STATES?

____/____/____
Month Day Year

(15) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?

____/____/____
Month Day Year

(16) WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY?

____/____/____
Month Day Year

(17) INCOME PROVIDING ACTIVITY?
(e.g. PROFESSOR OF CHEMISTRY):

(18) WHAT TYPE STUDENT?

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Masters |
| <input type="checkbox"/> Doctoral | <input type="checkbox"/> Other |

(19) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS:

Do you / will you have an office (fixed base) in the USA?

☐ Yes ☐ No If yes, how many days in this tax year did you / will you have an office (fixed base)? _____ Days

(20) COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS:

Did tax residency end? ☐ No ☐ If yes, when
____/____/____
Month Day Year

I hereby certify that all the above information is true and correct. I understand that if my status changes from which I have indicated on this form I must submit a new Foreign National Information Form to the Payroll Department. I give my permission to James Madison University to access my electronic I-94 to verify entry/exit information or to obtain a missing I-94 document.

Signature _____ Local Contact Number: _____ Date: _____

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM:

- Name: List full name
- Social Security Number: Enter US social security number issued by the US Social Security Administration, not your ID number. Do not list numbers not assigned by the United States Social Security, i.e. Canadian social security number. All employees must have a social security number to work.
- Enter ITIN issued by the IRS, if applicable
- Local Street Address: List your local US address.
- Residence: List your non-US address.
- Country of Citizenship(s).
- Country that Issued Passport: List the country which issued your passport.
- Passport #: Enter your passport number.
- Visa #: Enter your Visa number.
- Immigration Status: Check yes or no. If yes, complete the form for the time you were present in the United States. Approximate if you don't know.
- Immigration Status: Check the type of immigration status that

- you currently hold. If you check U.S. Immigrant / Permanent Resident (holder of a "green" card), you may proceed to the bottom of the form. Sign and date.
- Immigration Status for J-1: Check the appropriate J-1 subtype.
- Actual Primary Activity: Check one activity.
- Actual Entry Date into the United States: Must include month, day and year. Approximate if you don't know.
- Start Date: Must include month, day and year. Approximate if you don't know.
- End Date: Must include month, day and year. Approximate if you don't know.
- Occupation: Describe in general the service you will perform.
- Check the appropriate box.
- Consultants / Self-employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you.
- Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.