

# CENTRAL PIEDMONT COMMUNITY COLLEGE

## Foreign Visitor Information Form

This form must be completed before you can receive any form of payment. All applicable questions below must be answered. The following documents must be attached to this 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 or Form IAP66/DS2019.  
Send the original of this form to:

CPCPC Payroll Director, PO Box 35009, Charlotte, NC 28235

### PERSONAL / PASSPORT INFORMATION

Last or Family Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
U. S. Social Security No. or Individual Taxpayer Identification No.: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month/ day/ year  
CPCPC Student No.: \_\_\_\_\_ 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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month/ day/ year  
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  F-1 Student  
 H-1B Temporary Worker  J-2 Dependent  
 J-1 Exchange Visitor  Other: \_\_\_\_\_  
--If J-1 Exchange Visitor, what category?  
 Student  Professor  Research Scholar  Short Term Scholar  Other: \_\_\_\_\_

### PRIMARY ACTIVITY DURING THIS VISIT (Choose only one)

- Studying in a degree program  Observing  Demonstrating special skills  
 Studying in a non-degree program  Consulting  Clinical activities  
 Teaching  Conducting research  Temporary employment  
 Lecturing  Training  Here with spouse

What is the actual date you entered the United States?  
(This date is stamped on your visa and I-94 Departure Record) \_\_\_\_/\_\_\_\_/\_\_\_\_  
month/ day/ year

What was the start date of your immigration status for the current activity?  
(In many cases, this is the date you entered the U.S.) \_\_\_\_/\_\_\_\_/\_\_\_\_  
month/ day/ year

What is the projected end date of your primary activity?  
(In many cases, this is the completion date on your immigration document.) \_\_\_\_/\_\_\_\_/\_\_\_\_  
month/ day/ year

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. professor of physics, consulting, teaching assistant, food service worker, scholarship, contest prize, etc.) \_\_\_\_\_

Name of CPCC department providing the income: \_\_\_\_\_ Amount: \_\_\_\_\_\*

Payment Type:  Wages  Scholarship  Honorarium  Other \_\_\_\_\_

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

**TAX EXEMPTIONS 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

Did your tax residency in that country end prior to this visit to the U.S.?  Yes  No If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 month/ day/ year

**U.S. IMMIGRATION HISTORY**

(If the answer to either of the questions below is yes, please complete U.S. Immigration History, Part 2.)

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**

Please list any F, J, M, or Q visa immigration activity since January 1, 1985 and all other visa immigration activity only for the past three calendar years.

Date of US Entry month/day/year	Date of US Exit month/day/year	Visa/Immigration Status	J-1 Subtype	Primary Activity	Have you Taken 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

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 Visitor Information Form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Consent and Authorization to Release Information**

I, \_\_\_\_\_ (name) hereby authorize Central Piedmont Community College to release information contained on the Foreign Visitor Information Form to Windstar Technologies, Inc., P.O. Box 800, 1504 Providence Hwy, Norwood, MA 02062-0800 for the following purpose: technical software support for THE INTERNATIONAL TAX NAVIGATOR SYSTEM.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Form W-4 (2017)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	<b>C</b> _____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above)	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.</li> <li>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)	<b>H</b> _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2017</b>	
1 Your first name and middle initial _____			Last name _____		
Home address (number and street or rural route) _____			2 Your social security number _____		
City or town, state, and ZIP code _____			3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>			5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) <b>1</b>		
6 Additional amount, if any, you want withheld from each paycheck			6 \$ _____		
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here. <b>NRA</b>					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.)				Date	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)		10 Employer identification number (EIN)

# NC-4 NRA Nonresident Alien Employee's Withholding Allowance Certificate

**PURPOSE** - Complete Form NC-4 NRA, Nonresident Alien Employee's Withholding Allowance Certificate, so that your employer can withhold the correct amount of State income tax from your pay. Regardless of your actual marital status, the State income tax to be withheld will be determined as if your filing status is single along with the number of allowances claimed on this form. If you do not provide a new NC-4 NRA to your employer before the first day of the first payroll period that ends on or after January 1, your employer is required to withhold as single with zero allowances.

**GENERAL INSTRUCTIONS** - Complete the Allowance Worksheet on page 2. The worksheet is provided for employees to adjust their withholding allowances based on charitable contributions, federal adjustments to income, N.C. additions to federal adjusted gross income, N.C. deductions from federal adjusted gross income, or N.C. tax credits. The worksheet will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file a new NC-4 NRA with your employer within 10 days after the change occurs.

Generally, nonresident aliens are not eligible for the standard deduction. Line 2 of this form requires the nonresident alien employee to enter an additional amount of income tax to be withheld for each pay period to account for the inclusion of the standard deduction in the wage bracket tables, percentage, and annualized methods of computing income tax withheld. The additional tax to withhold per pay period is identified in a chart on page 2 of Form NC-4 NRA and represents the income tax on the standard deduction for the single filing status (\$7,750) divided by the number of payroll periods during the year. For example, an

employee paid monthly is required to enter \$38 (\$7,750 X 5.85% +12). The additional withholding properly addresses the tax impact of the ineligibility for the standard deduction for most nonresident alien employees. However, the additional withholding results in overwithholding on nonresident alien employees who are either students or business apprentices from India. These individuals should report \$0 on line 2.

**WAGES EXEMPT FROM WITHHOLDING** - Wages that are exempt from U.S. income tax under an income tax treaty are generally exempt from withholding. Residents of Canada and Mexico who enter or leave the United States at frequent intervals are not subject to withholding on their wages if these persons either: (1) perform duties in transportation service between the United States and Canada or Mexico, or (2) perform duties connected to the construction, maintenance, or operation of a water-way, viaduct, dam, or bridge crossed by, or crossing, the boundary between the United States and Canada or the boundary between the United States and Mexico. Nonresident aliens who are bona fide residents of the U.S. Virgin Islands are not subject to withholding of tax on income earned while temporarily employed in the United States.

**TWO JOBS** - If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using one Form NC-4 NRA. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 NRA filed for the higher paying job and zero allowances are claimed for the other.

**NONWAGE INCOME** - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40. Form NC-40 is available on our website at: [www.dornc.com](http://www.dornc.com) under individual income tax forms.

**CAUTION:** All NC-4 NRA forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the Department. If you furnish an employer with a Nonresident Alien Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Cut here and give this certificate to your employer. Keep the top portion for your records.

## NC-4 NRA Nonresident Alien Employee's Withholding Allowance Certificate

I certify that I am exempt from North Carolina withholding because I am a resident of Canada or Mexico and my duties are in transportation services.

- |   |         |
|---|---------|
| 1. Total number of allowances you are claiming (Enter zero (0), or the number of allowances from Page 2, line 11 of the NC-4 NRA Allowance Worksheet) | .....   |
| 2. Additional amount to withhold from each pay period, see chart on Page 2, Part II, Line 12  | .....00 |
| 3. Employee elected additional withholding (Enter whole dollars)  | .....00 |
| 4. Total additional withholding from each pay period. (Add Lines 2 and 3)   | .....00 |

Social Security Number \_\_\_\_\_

First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ County (Enter full five letters) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (5 Digit) \_\_\_\_\_ Country (if not U.S.) \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify under penalties provided by law, that I am entitled to the number of withholding allowances claimed above, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

# NC-4 NRA Allowance Worksheet

## Part I

Answer all of the following questions:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Will your charitable contributions exceed \$2,499?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Will you have adjustments or deductions from income, see Page 3, Schedule 1?                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Will you be able to claim any N.C. tax credits or tax credit carryovers from Page 4, Schedule 3? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered "No" to all of the above, STOP HERE and enter ZERO (0) as total allowances on Form NC-4 NRA, Line 1. On Line 2, enter \$9 if you are paid weekly; enter \$17 if you are paid biweekly; enter \$19 if you are paid semimonthly; or enter \$38 if you are paid monthly. If you answered "Yes" to any of the above, you may choose to go to Part II to determine if you qualify for additional allowances.

# NC-4 NRA

## Part II

1. Enter your total estimated charitable contributions ..... 1. \$ \_\_\_\_\_
2. Enter an estimate of your total federal adjustments to income and N.C. deductions from federal adjusted gross income from Page 3, Schedule 1 ..... 2. \$ \_\_\_\_\_
3. Add lines 1 and 2 ..... 3. \$ \_\_\_\_\_
4. Enter an estimate of your nonwage income (such as dividends or interest) ..... 4. \$ \_\_\_\_\_
5. Enter an estimate of your N.C. additions to federal adjusted gross income from Page 3, Schedule 2 ..... 5. \$ \_\_\_\_\_
6. Add lines 4 and 5 ..... 6. \$ \_\_\_\_\_
7. Subtract line 6 from line 3. (Do not enter less than zero) ..... 7. \$ \_\_\_\_\_
8. Divide the amount on line 7 by \$2,500. Round down to whole number ..... 8. \_\_\_\_\_  
Ex.  $\$3,900 \div \$2,500 = 1.56$  rounds down to 1
9. Enter the amount of your estimated N.C. tax credits from Page 4, Schedule 3 ..... 9. \$ \_\_\_\_\_
10. Divide the amount on line 9 by \$146. Round down to whole number ..... 10. \_\_\_\_\_  
Ex.  $\$200 \div \$146 = 1.37$  rounds down to 1
11. Total number of allowances (Add Lines 8 and 10) Enter on Line 1 of Form NC-4 NRA ..... 11. \_\_\_\_\_

12. Enter on Line 2 of Form NC-4 NRA the appropriate amount from the chart based on your payroll period

Payroll Period	Weekly	Biweekly	Semimonthly	Monthly
Additional Withholding	\$9	\$17	\$19	\$38

# NC-4 NRA Allowance Worksheet Schedules

## Schedule 1

### Estimated Federal Adjustments to Income

Federal adjustments to income are the amounts that are deducted from total income claimed on your federal return. Adjustments to income may include:

Health savings account deduction	\$	_____
Moving expenses	\$	_____
Alimony paid	\$	_____
IRA deduction	\$	_____
Certain business expenses of reservists, performing artist and fee-based governmental officials	\$	_____
<b>Total Federal Adjustments to Income</b>		<b>\$ _____</b>

### N.C. Deductions from Federal Adjusted Gross Income to Consider for NC-4 NRA Purposes

20% of prior bonus depreciation addback	\$	_____
20% of prior section 179 addback	\$	_____
Amount by which North Carolina basis of property exceeds federal basis of property - in year taxpayer disposes of property	\$	_____
<b>Total N.C. Deductions from Federal Adjusted Gross Income</b>		<b>\$ _____</b>
<b>Total Federal Adjustments to Income and N.C. Deductions from Federal Adjusted Gross Income. Enter on Page 2, Part II, Line 2</b>		<b>\$ _____</b>

## Schedule 2

### Estimated N.C. Additions to Federal Adjusted Gross Income to Consider for NC-4 NRA Purposes

Shareholder's share of built-in gains tax that the S corporation paid for federal income tax purposes	\$	_____
Amount by which federal basis of property exceeds N.C. basis of property - in year taxpayer disposes of property	\$	_____
Amount of gross income from domestic production activities that a taxpayer excludes from gross income under section 199 of the Internal Revenue Code	\$	_____
<b>Total N.C. Additions to Federal Adjusted Gross Income. Enter on Page 2, Part II, Line 5</b>		<b>\$ _____</b>

# NC-4 NRA Allowance Worksheet Schedules

**Schedule 3**

**Estimated N.C. Tax Credits**

Tax Credit for Income Taxes Paid to Other States by Individuals \$ \_\_\_\_\_

**Credit for Children**

A taxpayer who is allowed a federal child tax credit under section 24 of the Internal Revenue Code is allowed a tax credit for each dependent child unless adjusted gross income exceeds the threshold amount shown below. The credit can be claimed only for a child who is under 17 years of age on the last day of the year.

Filing Status	Adjusted Gross Income	No. of Children	Credit Amount per Qualifying Child	Estimated Credit
Single	Up to \$20,000	_____	\$125	\$ _____
	Over \$20,000 and up to \$50,000	_____	\$100	\$ _____
	Over \$50,000	_____	\$0	\$ _____
Married Filing Jointly or Qualifying Widow(er)	Up to \$40,000	_____	\$125	\$ _____
	Over \$40,000 and up to \$100,000	_____	\$100	\$ _____
	Over \$100,000	_____	\$0	\$ _____

**Additional Tax Credits and Carryovers**

G.S. 105-129.35, Credit for Rehabilitating Income-Producing Historic Structure	\$ _____
G.S. 105-129.36, Credit for Rehabilitating Nonincome Producing Historic Structure	\$ _____
G.S. 105-129.71, Credit for Income Producing Rehabilitated Mill Property	\$ _____
G.S. 105-129.72, Credit for Non-income Producing Rehabilitated Mill Property	\$ _____
G.S. 105-129.96, Credit for Constructing a Railroad Intermodal Facility	\$ _____
G.S. 105-129.100, Credit for Rehabilitating Income-Producing Historic Structure	\$ _____
G.S. 105-129.101, Credit for Rehabilitating Nonincome-Producing Historic Structure	\$ _____
Tax Credit Carryover from previous years	\$ _____

Total Tax Credits and Carryovers: Enter on Page 2, Part II, Line 9 \$ \_\_\_\_\_