

Foreign Visitor Information Form - TO BE COMPLETED BY COLLEGE STAFF

This form must be completed before the foreign visitor 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/Arrival Record)**; 4. copy of **Form I-20 or Form DS-2019**; 5. copy of **Employment Authorization Document (EAD)**

Do not send files through an unsecure email!

1. Personal Information

Last or Family Name _____ First Name _____ Middle Name _____

U.S. Telephone No. (Day) _____ Email Address _____

Date of Birth ____ / ____ / ____ U.S. Social Security No. or Individual Taxpayer Identification No. _____
month / day / year

U.S. Address

Street _____

City _____ State _____ Zip Code _____

Foreign Residence Address

Country _____ Street _____

City _____ Province/State _____ Postal Code _____

2. Passport/Visa Information

Country of Citizenship _____ Country that issued passport _____

Passport No. _____ Passport Expiration Date ____ / ____ / ____
month / day / year

Visa No. _____

3. Current Immigration Status

- | | |
|--|---|
| <input type="checkbox"/> F-1 Student
IF F-1 Student, part time or full time?
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time | <input type="checkbox"/> J-1 Exchange Visitor
IF J-1 Exchange Visitor, what category?
<input type="checkbox"/> Student <input type="checkbox"/> Research Scholar
<input type="checkbox"/> Professor <input type="checkbox"/> Other |
| <input type="checkbox"/> U.S. Immigrant/Permanent Resident | <input type="checkbox"/> J-2 Dependent |
| <input type="checkbox"/> H-1B Temporary Worker | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> DACA | |

Have you ever had another immigration status in the U.S.? Yes No

4. Primary Activity During This Visit (only choose one option)

- | | | |
|---|--|---|
| <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 |

What is the start date of your immigration status for the current activity? ____ / ____ / ____
month / day / year

What is the projected end date of your current activity? ____ / ____ / ____
month / day / year

5. Payroll Information

Name of Agency/Department providing the income _____

Job Title _____ Amount _____

For wages, enter the estimated annual income (calendar year)

Payment Type

Wages Scholarship Honorarium Other _____

Describe the activity that will result in U.S. income _____

If you are a student completing optional practical training (OPT), at what level do you study?

Undergraduate Masters Doctoral Other _____

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 any other dependents in the U.S. you would like to claim exemptions for? Yes No If so, how many? _____

6. 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? From _____ / _____ / _____ To _____ / _____ / _____
month / day / year month / day / year

7. U.S. Immigration History

Have you ever been present in the U.S. before this visit? Yes No

What is the date you first entered the U.S.? _____ / _____ / _____
month / day / year

Do you want to claim treaty benefits if legally allowed to do so? Yes No

Please complete your immigration history since January 1, 1985. This section is required for all visa types.

Date of U.S. Entry month/day/year	Date of U.S. 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

Foreign National's Signature: I hereby certify that all of the above information is true and correct. I understand that if ANY of my information changes from that which I have indicated on this form I must submit a new Foreign Visitor Information Form.

Signature _____ **Date** _____

I consent to allow the Foreign National Tax Compliance Team to access my electronic I-94 record and/or travel history using the U.S. Customs and Border Protection's online I-94 retrieval system at <https://i94.cbp.dhs.gov/i94/#/home#section>. **Initial:** _____

I, _____ (foreign national's name) hereby authorize the NC Community College System to release information contained on the Foreign Visitor Information Form to Thomson Reuters, Inc., for the following purpose: technical software support for the International Tax Navigator System.

Foreign National Signature _____ **Date** _____

I certify that I interviewed the foreign national and completed this form with the information provided by the individual.

Signature of College Staff _____ **Date** _____