CENTRAL PIEDMONT
COMMUNITY COLLEGE

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

☐F-1 Student

IF F-1 Student, part time or full time?

☐Part Time ☐ Full Time

☐U.S. Immigrant/Permanent Resident

☐H-1B Temporary Worker

☐DACA

☐ J-1 Exchange Visitor

IF J-1 Exchange Visitor, what category?

☐Student ☐Research Scholar
☐Professor ☐Other

☐J-2 Dependent

☐Other _____

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

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

☐Studying in a Degree Program
☐Studying in a Non-Degree Program
☐Teaching
☐Lecturing
☐Observing
☐Consulting
☐Conducting Research
☐Training
☐ Demonstrating Special Skills
☐ Clinical Activities
☐ Temporary Employment
☐ 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

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5. Payroll Information

Name of Agency/Department providing the income _____

Job Title _____ Amount _____

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

☐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

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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?
____/ ____ / ____	____/ ____ / ____	_____	_____	_____	☐ Yes ☐ No
____/____ / ____	____/ ____ / ____	_____	_____	_____	☐ Yes ☐ No
____/____ / ____	____/ ____ / ____	_____	_____	_____	☐ Yes ☐ No
____/____ / ____	____/ ____ / ____	_____	_____	_____	☐ Yes ☐ 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** _____