



Preparing people to lead extraordinary lives

NON-RESIDENT ALIEN INDEPENDENT CONTRACTOR INFORMATION FORM

The Foreign National Information Form must be filled out by any independent contractor, lecturer, presenter, or visitor who is not a U.S. citizen or Legal Permanent Resident that will perform or provide a service on campus for Loyola University Chicago and receive payment or reimbursement for their services through Accounts Payable.

Please provide copies of the documents below along with the Foreign National Information Form at the time of your visit:

- Passport and Visa (Visa not applicable if you are from a Visa Waiver Country)
- I-94 Departure Record (3'x5' card attached to your passport, given upon entry to U.S.)

PLEASE PRINT OUT AND COMPLETE THE FOREIGN NATIONAL INFORMATION FORM ON PAGES 2 & 3. IF YOU ARE ON A ***BI/B2 OR VISA WAIVER*** PLEASE SIGN THE STATEMENT ON PAGE 4.

RETURN COMPLETED FORMS ALONG WITH THE DOCUMENTATION ABOVE TO:

Brigid Smith or Maria Araque
General Accounting
Loyola University of Chicago
820 N. Michigan Avenue, Lewis Towers 13th Floor
Chicago, IL 60611
Phone: (312) 915-8717
Fax: (312) 915-8705

IF YOU HAVE ANY QUESTIONS ON THIS FORM PLEASE EMAIL Brigid or Maria,
nra-processing@luc.edu.

FOREIGN NATIONAL INFORMATION FORM (PAGE 1)

The Foreign National Information Form must be completed before you can receive any form of payment
All **applicable** questions below must be answered. This form must be returned before any check can be issued by the Accounts Payable Department.

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

(2) Social Security or ITIN #: _____

(4) U. S. LOCAL STREET ADDRESS: _____ (5) FOREIGN RESIDENCE ADDRESS: _____

(4) Address Line 2: _____ (5) Address Line 2: _____

(4) Address Line 3: _____ (5) Address Line 3/City: _____

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

(4) State: _____ Zip: _____ (5) Foreign Country: _____

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

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

(not the control number that begins with a year)

(10) Have you ever had another immigration status in the United States? Yes. No **If yes, see page 2.**

(11) CURRENT IMMIGRATION STATUS:

B1/B2 Visa Waiver Business/Tourist J-1 Exchange Visitor

Other: _____

(12) IF IMMIGRATION STATUS IS J-1, WHAT IS THE CATEGORY (SEE DS-2019)? CHECK ONE:

01 Student 06 Alien Physician 12 Research Scholar

02 Short Term Scholar 10 Specialist

05 Professor Other: _____

(Those on a J-1 visa not sponsored by Loyola University, must have a letter of authorization from their DSO)

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

04 LECTURING

06 CONSULTING

08 OTHER (Describe) _____

(14) WHAT IS THE ACTUAL DATE YOU FIRST ENTERED THE UNITED STATES? **(15) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?:** **(16) WHAT IS THE END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY?:**

_____/_____/_____
Month Day Year

_____/_____/_____
Month Day Year

_____/_____/_____
Month Day Year

(17) SPONSORING DEPARTMENT? _____

Department Contact: _____

Estimated Payment Amount \$ _____

(18) 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 office (fixed base)? _____ Days

(19) COUNTRY OF RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS: _____

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

FOREIGN NATIONAL INFORMATION FORM (PAGE 2)

The Foreign National Information Form must be completed before you can receive any form of payment.

PLEASE LIST ANY VISA IMMIGRATION ACTIVITY IN LAST THREE CALENDAR YEARS AND ALL F,J,M,O OR Q VISAS SINCE 1/1/93:

Date of Entry	Date of Exit Status	Visa Immigration Category	If J-1 Indicate Activity	Primary Purpose	Have You Taken Treaty Benefits
__/__/__	__/__/__	_____	_____	_____	q Yes q No
__/__/__	__/__/__	_____	_____	_____	q Yes q No
__/__/__	__/__/__	_____	_____	_____	q Yes q No
__/__/__	__/__/__	_____	_____	_____	q Yes q No
__/__/__	__/__/__	_____	_____	_____	q Yes q No
__/__/__	__/__/__	_____	_____	_____	q Yes q No
__/__/__	__/__/__	_____	_____	_____	q Yes q No
__/__/__	__/__/__	_____	_____	_____	q Yes q No
__/__/__	__/__/__	_____	_____	_____	q Yes q 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 this form, I must submit a new Foreign National Information Form.

Signature: _____ Date: _____

e-mail address: _____ Home Phone No. _____

Local Phone No. _____ Pager _____

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 in order to work. If none enter your ITIN issued by the IRS.
- ID#: Enter your Employee/Student/Faculty Identification Number.
- Local Street Address: List your local US address.
- Residence: List your non US address.
- Country of Citizenship(s)
- Country that Issued Passport: List Country in which you were issued your passport. Not the country where it was issued.
- Passport #: Enter your passport number.
- Visa #: Enter your Visa number.
- Immigration Status: Check yes or no. If yes, complete the above form for the time you were present in the United States. Approximate if you do not 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 category.
- Actual Primary Activity: Check one activity.
- Actual Entry Date into the United States: Must include month, day, and year (found on first I-94)
- Start Date: Must include month, day, and year.
- End Date: Must include month, day, and year. Approximate if you do not know.
- Department: Name of Sponsoring Department & Department Contact
- Check the appropriate box.
- Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.

In Business or Tourist Status

Eligibility for Payments: Visitors in Business or Tourist status (**B-1, B-2, WB, WT**) may be paid honoraria and/or reimbursed for travel expenses if (a) the visitor is engaged in academic activities associated with the university, and, (b) the activity nine days or less, and, (c) the visitor has not been paid or reimbursed by more than five other U.S. institutions or organizations during the past six months.

Visitor Information:

Last Name _____

First Name _____

Dates of Activity for Which Visitor Is Being Paid _____

Visa Status (Please indicate whether B1, B2, WB or WT) _____

Briefly Describe the Activity _____

Statement of Visitor: I attest that I have been engaged in the academic activities described above for the benefit of Loyola University of Chicago for a duration of nine days or less, and, that I have not been paid or reimbursed by more than five other U.S. institutions or organizations during the past six months.

Signature _____ Date _____

Statement of Sponsoring Department: As sponsor of the above individual, I attest that the individual has been engaged in the activities described above for the benefit of Loyola University of Chicago for any portion of nine days or less, and, that the activities for which the individual is paid or reimbursed are within the broad realm of customary academic activities associated with teaching, research, public service, or academic administration or operations.

Signature _____ Date _____

Please return this statement to General Accounting, Lewis Towers, WTC 1307B

Note: honoraria and travel expenses may be paid to B-2 and WT visitors only under the eligibility requirements noted above. Honoraria may be paid to visitors in B-1 and WB status only under the above eligibility requirements. Travel reimbursements may be made to any B-1 or WB visitors. All payments are subject to standard university policies and procedures.

For questions on this form please contact Maria Araque in General Accounting at (312) 915-8777. For visa or immigration questions contact Mary Theis in the Office of International Programs at (773) 508-6080.