



Preparing people to lead extraordinary lives

FOREIGN NATIONAL INFORMATION FORM

Purpose and who needs to fill out the Foreign National Information Form

The Foreign National Information Form must be filled out by any Loyola staff, faculty, student, or independent contractor, who is **not** a U.S. citizen or Legal Permanent Resident that will work on campus or receive a scholarship, fellowship, or other type of payment from the University.

This form is used to determine your appropriate tax status as an international employee or payee. Many countries have income tax treaties with the United States that can reduce or eliminate your tax withholding.

In the event that you are eligible for a tax treaty benefit you will be notified by General Accounting once your information has been reviewed. It is your responsibility to return any tax treaty forms sent by General Accounting in order for your tax treaty benefits to become effective. For questions on the Foreign National Information Form or tax treaty forms please contact Maria Araque at (312) 915-8777 or by email at maraque@luc.edu.

CHECKLIST OF INFORMATION TO INCLUDE WITH FOREIGN NATIONAL INFORMATION FORM

- **Passport and Visa**
- **I-94 Departure Record** (3'x5' card attached to your passport)
- **Form I-20** (Certificate of Eligibility for Nonimmigrant Student Status issued by F-1 Sponsors), **Form DS-2019** (Certificate of Eligibility issued by J-1 sponsors), or **Form I-797** (H1-B)
- A copy of your offer letter, *or* an estimation of your annual/hourly wages
- Employment Authorization Card (EAD), if applicable

Print out and complete the Foreign National Information Form on pages 2 & 3. Return completed form along with documentation above to:

Maria Araque
General Accounting
Loyola University of Chicago
820 N. Michigan Avenue, Lewis Towers 1309C
Chicago, IL 60611
Phone: (312) 915-8777

If you would like further information on non-resident alien taxation please visit the Internal Revenue Service Website and review **IRS Publication 515** Withholding of tax on Non Resident Aliens and Foreign Entities.

<http://www.irs.gov/pub/irs-pdf/p515.pdf>

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. A copy of both sides of your I-94 Form "Arrival and Departure Record", (a small white card inside your passport), copy of your U.S. VISA from your passport, and I-20 or DS-2019 must be attached to this form. This form must be returned before any check can be issued by the Payroll or Accounts Payable Department and must also be completed by anyone receiving tuition remission/scholarship.

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

(2) Social Security #: _____ (3) Employee #: _____

(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) IMMIGRATION STATUS:

- F-1 Student J-1 Exchange Visitor H-1 Temporary Employee
 J-2 Spouse or Child of Exchange Visitor U.S. Immigrant/Permanent Resident Other: _____

If you check this box, go to page 2 and sign form

(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: _____

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

- 01 Studying in a Degree Program 05 Observing 09 Demonstrating Special Skills
 02 Studying in a Non-Degree Program 06 Consulting 10 Clinical Activities
 03 Teaching 07 Conducting Research 11 Here with Spouse
 04 Lecturing 08 Training

(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) JOB TITLE AT LOYOLA (e.g. PROFESSOR OF CHEMISTRY)?: _____

Department _____ Estimated annual wages or salary \$ _____

(18) WHAT TYPE STUDENT?:

- Undergraduate Masters Doctoral Other _____

(19) MARRIED SPOUSE IN USA?:

- Yes No Yes No Number of dependents _____

(20) 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

(21) 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

VISA IMMIGRATION STATUS:

- | | | |
|---|--|---|
| <input type="radio"/> U.S. Immigrant/Permanent Resident | <input type="radio"/> F-1 Student | <input type="radio"/> J-2 Spouse or child of Exchange Visitor |
| <input type="radio"/> J-1 Exchange Visitor | <input type="radio"/> H-1 Temporary Employee | |
| <input type="radio"/> Other: _____ | | |

J-1 CATEGORY:

- | | | |
|---|--|---|
| <input type="radio"/> 01 Student | <input type="radio"/> 06 Alien Physician | <input type="radio"/> 12 Research Scholar |
| <input type="radio"/> 02 Short Term Scholar | <input type="radio"/> 10 Specialist | |
| <input type="radio"/> 05 Professor | <input type="radio"/> Other: _____ | |

PRIMARY PURPOSE:

- | | | |
|---|--|---|
| <input type="radio"/> 01 Studying in a degree program | <input type="radio"/> 05 Observing | <input type="radio"/> 09 Demonstrating Special Skills |
| <input type="radio"/> 02 Studying in a Non-Degree program | <input type="radio"/> 06 Consulting | <input type="radio"/> 10 Clinical Activities |
| <input type="radio"/> 03 Teaching | <input type="radio"/> 07 Conducting Research | <input type="radio"/> 11 Here with Spouse |
| <input type="radio"/> 04 Lecturing | <input type="radio"/> 08 Training | |
| <input type="radio"/> 99 Other, please specify: _____ | | |

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 to the Payroll Department.

Signature: _____ Date: _____

e-mail address: _____ Home Phone No. _____

Local Phone No. _____ Pager _____

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM:

1. Name: List full name.
2. 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.
3. ID#: Enter your Employee/Student/Faculty Identification Number.
4. Local Street Address: List your local US address.
5. Residence: List your non US address.
6. Country of Citizenship(s)
7. Country that Issued Passport: List Country in which you were issued your passport. Not the country where it was issued.
8. Passport #: Enter your passport number.
9. Visa #: Enter your Visa number.
10. 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.
11. 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.
12. Immigration Status for J-1: Check the appropriate J-1 category.
13. Actual Primary Activity: Check one activity.
14. Actual Entry Date into the United States: Must include month, day, and year (found on first I-94)
15. Start Date: Must include month, day, and year.
16. End Date: Must include month, day, and year. Approximate if you do not know.
17. Occupation: Describe in general the service you will perform.
18. Check the appropriate box.
19. Is your spouse in USA?: Check the appropriate box. Give number of other dependents in the USA.
20. Consultants/Self-employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you.
21. Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.