

University of South Florida

FOREIGN NATIONAL INFORMATION FORM (FNIF)

NOTE: All shaded areas must be filled out by EMPLOYEE

Please check one of the following:

- ☐ **Initial Submission** as part of USF Appointment Package
- ☐ **Update** - Required only if any information in Section B, C, or D changes during individual's stay in the U.S.

FOR ASSISTANCE CONTACT

University Payroll - Tax & Deductions Manager
4202 E. Fowler Avenue - SVC0067
Tampa, Florida 33620-5800 (813)974-8401

Please attach a copy of the following to this form:

- ☒ Social Security Card ☒ U.S. Visa ☒ Passport
- ☒ I-94 Departure Record ☒ I-20, DS2019 or I-797 (immigration documents)

Section A - General Information

1. Last Name/Surname Middle Initial First Name
2. Employee ID Number 3. Date of Birth mm/dd/yyyy
(11-digit GEMS ID Number - If you are unsure of this ID number, please leave blank)
4. U.S. Local Street Address 5. Foreign Residence Address
- Line 1 Line 1
- Line 2 Line 2
- City/Town State City/Town
- Postal Code Region/Province
- Postal Code
6. Telephone Number Country
7. E-mail Address
8. If married, is spouse in the U.S.? ☐ YES ☐ NO 9. Number of dependents in U.S. (excluding spouse)

Section B - Visa and Passport Information

10. Visa Control Number 11. Visa Issue Date mm/dd/yyyy
12. Visa Type - Select One
- | | | | | |
|------------------------------|--|---|-------------------------------|--|
| <input type="checkbox"/> B-1 | <input type="checkbox"/> WB (Visa Waiver for Business) | <input type="checkbox"/> J-1 Research Scholar | <input type="checkbox"/> H-1B | <input type="checkbox"/> J-1 Student |
| <input type="checkbox"/> B-2 | <input type="checkbox"/> WT (Visa Waiver for Tourism) | <input type="checkbox"/> J-1 Short-Term Scholar | <input type="checkbox"/> TN | <input type="checkbox"/> F-1 Student |
| | <input type="checkbox"/> Canadian Walk-Over (no visa) | <input type="checkbox"/> J-1 Professor | <input type="checkbox"/> O-1 | <input type="checkbox"/> Other - Please specify: _____ |
| | | <input type="checkbox"/> J-1 Alien Physician | | |
13. Primary Purpose/Activity of Visit - Select One
- | | | |
|---|--|---|
| <input type="checkbox"/> Studying in a degree program | <input type="checkbox"/> Consulting | <input type="checkbox"/> Conducting Research |
| <input type="checkbox"/> Studying in a non-degree program | <input type="checkbox"/> Teaching | <input type="checkbox"/> Acquiring Training |
| <input type="checkbox"/> Lecturing | <input type="checkbox"/> Clinical Activities | <input type="checkbox"/> Temporary Employment |
| <input type="checkbox"/> Other - Please specify: _____ | | |
14. Country of Citizenship
15. Passport Number 16. Passport Expiration Date mm/dd/yyyy
17. Country Issuing Passport

Section C - Visa Immigration Activity

18. What is the actual date you entered the U.S. on your current visa?

mm/dd/yyyy

19. What is the start date and end date of your primary purpose/activity indicated on your current I-20, DS2019 (IAP-66), I-797 (immigration document)?

Start Date:

End Date:

mm/dd/yyyy

mm/dd/yyyy

20. U.S. Visa Immigration History (add additional sheets if needed)

List all visits to the U.S. in the last 3 calendar years.

List all F, J, M or Q visa periods since Jan 1, 1988. (*Students do not need to list short vacations home during semester breaks.)

<u>Date of U.S. Entry</u>			<u>Date of U.S. Exit</u>			<u>Visa Type</u>	<u>Primary Purpose of Stay</u>	<u>Have you taken any treaty benefits?</u>
Month	Day	Year	Month	Day	Year			
								<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

Section D - Residence Status for Tax Purposes

21. Prior to your current visit to the U.S., in what country where you employed and paying taxes?

22. Please check the appropriate box. If you are unsure, leave blank and the Payroll Tax and Deductions Manager will determine your status.

- ☐ I am a U.S. Permanent Resident. Alien Registration Receipt Card (Green Card) Number _____
- ☐ I am or have been classified previously as a Resident Alien for tax purposes
- ☐ I am a Non-Resident Alien for tax purposes. I do not meet the requirements for tax residence in the U.S.

Section E - To Be Filled Out By Individuals Receiving Honorarium Payments

- Is the activity to receive the Honorarium to last more than 9 days? ☐ YES ☐ NO
- Did you receive an Honorarium from more than 5 Organizations in the prior 6 months? ☐ YES ☐ NO
- Is the activity to be performed a normal academic activity? ☐ YES ☐ NO

CERTIFICATION

If your country has a tax treaty with the U.S., but you elect NOT to use these benefits, please initial here:

I certify that all of the above information is true and correct. I understand that if my "Passport and Visa Information" changes, I must submit a new "Foreign National Information Form" reflecting the changes to the Payroll Tax & Deductions Manager in University Payroll (SVC0067) at the University of South Florida, 4202 E. Fowler Avenue, Tampa, Florida 33620.

Signature _____ Date _____

FOR OFFICIAL USE ONLY

Employee ID % _____

Working Department _____

Job Code _____

FICA Status _____

Annual Salary \$ _____

U.S. Tax Treaty Countries

Australia	Greece	Luxembourg	South Africa
Austria	Hungary	Mexico	Spain
Barbados	Iceland	Morocco	Sweden
Belgium	India	Netherlands	Switzerland
Canada	Indonesia	New Zealand	Thailand
China	Ireland	Norway	Trinidad
Cyprus	Israel	Pakistan	Tunisia
Czech Republic	Italy	Philippines	Turkey
Denmark	Jamaica	Poland	Ukraine
Egypt	Japan	Portugal	Union of Soviet
Estonia	Kazakhstan	Romania	Socialist Republics
Finland	Korea	Russia	United Kingdom
France	Latvia	Slovak Republic	United States Model
Germany	Lithuania	Slovenia	Venezuela