

FOREIGN NATIONAL INFORMATION FORM New Revised

All applicable questions below must be answered. For help on this form see instructions on back, page 2.

Upon completion return this form to OHSU Payroll Office, Fax (503) 346-6839

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

(2) Social Security #: _____ (3) Birthdate: ___/___/___ (month/day/year)

(4) U.S. Local Address: _____

(5) Local Phone Number: _____

(6) Foreign Residence Address: _____ City: _____

Postal Code _____ Province/Region: _____ Country: _____

(7) Country of Citizenship: _____ (8) Country That Issued Passport: _____

(9) Passport #: _____ Expiration Date: ___/___/___ (month/day/year) (10) Visa #: _____

(11) Have you ever had another immigration status in the United States? Yes No (If yes, complete page 2 on the back)

(12) IMMIGRATION STATUS:

U.S. Immigrant/Permanent Resident F-1 Student J-2 Spouse or Child of Exchange Visitor

J-1 Exchange Visitor* H-1 Temporary Employee Other _____

(13) *If Immigration Status is J-1, what is the category? (Check one)

Student

Professor

Research Scholar

Short Term Scholar

Specialist

(14) WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? (Check ONLY one)

Studying in a Degree Program

Observing

Demonstrating Special Skills

Studying in a Non-Degree Program

Consulting

Clinical Activities

Teaching

Conducting Research

Temporary Employment

Lecturing

Training

Here with Spouse

(15) What is the actual date you originally entered the United States? ___/___/___ (Month/day/year)

(16) Start date of your current immigration status for this primary activity? ___/___/___ (Month/day/year)

(17) Projected end date of your immigration status for this primary activity? ___/___/___ (Month/day/year)

(18) OCCUPATION PROVIDING THIS INCOME: _____ (19) TYPE OF STUDENT: Masters Doctoral

(20) IS YOUR SPOUSE IN THE USA? Yes No NUMBER OF OTHER DEPENDENTS IN THE USA: _____

(21) COUNTRY OF TAX RESIDENCE (WHERE YOU LAST PAID TAXES AS A RESIDENT) IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS: _____

Did Tax Residence End? Yes No If yes, when: ___/___/___ (month/day/year)

I hereby certify that all of the information given on page 1 and page 2 of this form 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 Office.

Signature _____

Date _____

Department Contact Name & Phone Number _____

FOR USE BY OHSU ONLY: Campus e-mail address: _____

Employee ID#: _____ Annual Stipend/Salary Amount: _____ Department: _____

FOREIGN NATIONAL INFORMATION FORM (PAGE 2)

PLEASE LIST ANY VISA IMMIGRATION ACTIVITY, INCLUDING ANY TIME SPENT OUTSIDE THE U.S. SINCE YOUR INITIAL ENTRY DATE, IN THE LAST THREE CALENDAR YEARS AND ALL OTHER VISAS SINCE 1/1/93:

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Have You Taken Any Treaty Benefit
___/___/___	___/___/___	_____	_____	_____	<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
___/___/___	___/___/___	_____	_____	_____	<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

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM

1. List full name.
2. Enter only your US Social Security Number issued by the US Social Security Administration. All employees and students must have a social security number in order to receive pay from OHSU.
3. Enter your date of birth.
4. List your local US address.
5. List your local home phone number.
6. List your non-US address.
7. Country of Citizenship(s).
8. List the country in which you were issued your passport. Not the country where it was issued.
9. Enter your passport number and the expiration date.
10. Enter your Visa number.
11. If yes, complete the above information for the time that you were present in the US. Approximate if you don't know.
12. If you check U.S. Immigrant/Permanent Resident (holder of a "green" card) you may stop. Sign and date the form.
13. Check the appropriate J-1 subtype.
14. Check one activity.
15. Date into the United States. Must include month, day and year. Approximate if you don't know.
16. Must include month, day and year. Approximate if you don't know.
17. Must include month, day and year. Approximate if you don't know.
18. Describe in general the service you will be performing or the reason you are receiving pay.
19. If you are a student, check the appropriate box.
20. If your spouse is in the USA check yes. Give the number of your other dependents in the USA.
21. Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.