

University of South Florida

FOREIGN NATIONAL INFORMATION FORM (FNIF)

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 - NRA Tax Coordinator
 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: 0 0 0 0 0 0 _____
 (11-digit GEMS ID Number - If you are unsure of this ID number, please leave blank)
3. Date of Birth _____ / _____ / _____
Month Day Year
4. U.S. Local Street Address
 Line 1 _____
 Line 2 _____
 City/Town _____ State _____
 Postal Code _____
5. Foreign Residence Address
 Line 1 _____
 Line 2 _____
 City/Town _____
 Region/Province _____
 Postal Code _____
 Country _____
6. Telephone Number _____
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 _____ / _____ / _____
Month Day Year
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 _____ / _____ / _____
Month Day Year
17. Country Issuing Passport _____

Section C - Visa Immigration Activity

18. What is the actual date you entered the U.S. on your current visa? _____ / _____ / _____
Month Day Year

19. What is the start date and end date of your primary purpose/activity indicated on you current I-20, DS2019 (IAP-66), I-797 (immigration document)?
Start Date: _____ / _____ / _____ **End Date:** _____ / _____ / _____
Month Day Year Month Day Year

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.)

Date of U.S. Entry			Date of U.S. Exit			Visa Type	Primary Purpose of Stay	Have you taken any treaty benefits?	
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
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	_____	_____	<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 & 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