## **FOREIGN NATIONAL INFORMATION FORM**

# This form ­must be completed and returned to the appropriate Payroll office before you can receive any form of payment. All fields must be completed to the best of your knowledge. Copies of your US visa, your passport, and your I-20, DS-2019, I-797, or I-129 must be submitted with this form. For more information, visit <http://www.bu.edu/payroll/resources/foreign-national-tax/>. Please contact nrapay@bu.edu with any questions.

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| **Today’s Date:** **[Date]** | **Date of Birth: [Date]** | **Social Security Number/ITIN:** **[###]** - **[##]** - **[####]** | **BUID #:** **[U########]**  |

Identification INFORMATION

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| --- | --- | --- |
|  **Last or family name:** **[Last Name]** |  **First:** **[First Name]** | **Middle:** **[Middle Name]** |

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| **Local Address** |
| **[Street Address]** | **[City]** | **[State]** | **[ZIP Code]** |
| **Foreign Address** |
| **[Street Address]** | **[City]** | **[Province/Region]** | **[Postal Code]** | **[Country]** |
| **Send tax forms to:** [ ]  **Local Address**  [ ]  **Foreign Address** |  **Local phone number:** (**[###]**) **[###-####]** | **Email address:** **[Email]** |
| **Job Title or Program of Study at Boston University: [Position]** | **Current Visa Type:****[Type]** | **Country of Citizenship: [Country]** | **Passport #: [Passport Number]** |
| **Current Visa Number:****[Number]** | **Country of tax residence, if different from citizenship: [Country]**  | **Passport expiration date: [Date]** |

IMMIGRATION INFORMATION

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| **Have you ever visited the USA prior to your current visa?** | [ ]  Yes[ ]  No | List any US immigration activity in the last 10 calendar years and all F, J, M, or Q visas you have had. If this is your first visit to the United States, you may leave the box below blank. To use additional rows, please use a second form to complete your immigration history. |
| [ ]  | By checking this box, I authorize Boston University Payroll to access my I-94 arrival history through the Department of Homeland Security website if needed to complete their review of my records. |
|  **Date of Entry** | **Date of Exit** | **Visa Type (and Subtype if J-1 visa)** | **Primary Activity** |
|  **[Date]** |  **[Date]** | **[Type]** | **[Primary Activity]** |
| **[Date]** | **[Date]** | **[Type]** | **[Primary Activity]** |
| **[Date]** | **[Date]** | **[Type]** | **[Primary Activity]** |
| **[Date]** |  **[Date]** | **[Type]** | **[Primary Activity]** |
| **[Date]** | **[Date]** | **[Type]** | **[Primary Activity]** |
| **[Date]** | **[Date]** | **[Type]** | **[Primary Activity]** |
| **Common Visa Types** | **Primary Activity Types** | **J-1 Subtypes** |
| B-1 Visitor for BusinessB-2 Visitor for PleasureF-1 StudentH-1B Worker in Specialty OccupationJ-1 Exchange VisitorJ-2 Dependent of J-1 VisitorO-1 Alien of Extraordinary AbilityTN Canadian or Mexican ProfessionalVWB Visa Waiver BusinessVWT Visa Waiver Tourist | 01 Studying in a Degree Program02 Studying in a Non-Degree Program03 Teaching04 Lecturing06 Consulting07 Conducting Research | 11 Temporary Employment12 Here with Spouse/Relative13 Performing as an Artist16 Tourism Activities17 Business Activities19 Practical Training (F-1/J-1) | 01 Student02 Short Term Scholar05 Professor12 Research Scholar |

Signature and completeness confirmationI hereby certify that all of the above information is true and accurate. I understand that if my immigration status or other information changes, I must contact the Payroll office to update my information. Signature: **[Signature]** Date: **[Date]** |