



The University Of  
T A M P A

### Foreign National Tax Information Form

Please complete and return to the Financial Aid Office

All applicable questions below must be answered. A copy of both sides of your I-94 form "Arrival and Departure Record", a Copy of your U.S VISA from your passport, and an I-20 must be attached to this form. This form must be returned before Payroll or Accounts Payables can issue a check.

This section is to be completed by Department Representative.

Purpose for Submitting this Form	
<input type="checkbox"/> Employee	
<input type="checkbox"/> New to University	<input type="checkbox"/> Independent Contractor (Amount\$ _____)
<input type="checkbox"/> Previously employed as Student Assistant	<input type="checkbox"/> Scholarship/Fellowship (Amount\$ _____)
<input type="checkbox"/> Change Visa Status	<input type="checkbox"/> Other (Amount\$ _____)
	<input type="checkbox"/> Honorarian (Amount\$ _____)
Annual Salary \$ _____	
Position Title _____	
Department Name & Number _____	Dept Contact Person _____
Campus Address _____	Telephone Number _____ ext _____

**The Remainder of this form is to be completed by Foreign National**

Last or Family Name: _____			First: _____			Middle: _____		
Social Security # or ITIN # _____				Date of Birth ____/____/____				
				Month    Day    Year				
U.S Local Street Address _____				Foreign Residence Address _____				
Address Line 2 _____				Address Line 2 _____				
Address Line 3 _____				City _____ Postal Code _____				
City _____				Province/Region _____				
State _____				Country _____				
Zip Code _____								
Telephone # _____								
Country of Citizenship: _____				Country that issued Passport: _____				
Passport # _____				Visa # _____				
Current US Immigration Status:								
<input type="checkbox"/> U.S. Immigrant/ Permanent Resident			<input type="checkbox"/> F-1 Student			<input type="checkbox"/> J-2 Spouse or Child of Exchange Visitor		
<input type="checkbox"/> J-1 Exchange Visitor			<input type="checkbox"/> Other _____					
If immigration Status is J-1, What is the Category? Check one								
<input type="checkbox"/> Student			<input type="checkbox"/> Professor			<input type="checkbox"/> Research Scholar		
<input type="checkbox"/> Short Term Scholar			<input type="checkbox"/> Other _____					
What's the primary purpose of your current stay in the U.S.?								
<input type="checkbox"/> Studying in a Degree Program			<input type="checkbox"/> Teaching			<input type="checkbox"/> Lecturing		

What is the actual date you first entered the U. S. in your present immigration status? ____/____/____	What is the start date on your current immigration form? ____/____/____	What is the projected end date of your present immigration status? ____/____/____
If Student, What type? <input type="checkbox"/> Undergraduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Graduate		If Married is spouse in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No  Number of other dependents here, excluding spouse _____

**Prior U.S Immigration Activity**

Please list all periods of stay in the U.S during the last 5 calendar years and all F, J, M, or Q visa periods since Jan 1, 1988:

Date of Entry from U.S	Date of Exit	Visa Immigration Status	J-1 Subtype	Purpose of Stay Treaty Benefits	Have you taken any U.S
____/____/____	____/____/____	_____	_____	_____	__Yes __No
____/____/____	____/____/____	_____	_____	_____	__Yes __No
____/____/____	____/____/____	_____	_____	_____	__Yes __No
____/____/____	____/____/____	_____	_____	_____	__Yes __No
____/____/____	____/____/____	_____	_____	_____	__Yes __No
____/____/____	____/____/____	_____	_____	_____	__Yes __No
____/____/____	____/____/____	_____	_____	_____	__Yes __No
____/____/____	____/____/____	_____	_____	_____	__Yes __No

I hereby certify that all the above information is complete, 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 Form to the Financial Management Office.

Signature \_\_\_\_\_ Date \_\_\_\_\_