



THE UNIVERSITY of NORTH CAROLINA
GREENSBORO

FOREIGN VISITOR INFORMATION FORM

This form must be completed before you can receive any form of payment. All applicable questions below must be answered. The following documents are needed to determine your correct immigration status for payments and taxation: 1. **Passport(s)**; 2. **Visa(s)** or **ESTA Status**; 3. **I-94 Admission, including travel history**; 4. **U.S. Social Security card, U.S. ITIN card, or U.S. EIN**; 5. **Form I-20(s) or Form DS-2019(s)**.

If you are employed by UNCG, please upload this form, along with your documents, through our website (payroll.uncg.edu/secure-submission/).

PERSONAL/PASSPORT INFORMATION

Last or Family Name: _____ First: _____ Middle: _____

U.S. Social Security No. or Individual Taxpayer Identification No: _____ Date of Birth: (mm/dd/yyyy) _____

UNCG Identification No.: _____ E-mail Address: _____

U.S. Telephone No.: (Work) _____ U. S. Telephone No.: (Home) _____

Country of Citizenship: _____ Country that issued Passport: _____

Passport No.: _____ Passport Expiration Date:(mm/dd/yyyy) _____

Visa No.: (control number in upper right corner of stamp in passport): _____

ADDRESSES

U.S. Local Street Address: _____ <i>Street</i> _____ <i>City</i> _____ _____ <i>State</i>	Foreign (home) Residence Address (should not be P.O. Box): _____ <i>Street</i> _____ <i>City</i> <i>Province/State</i> <i>Postal Code</i> _____ _____ <i>Country</i>
<i>Zip Code</i>	

CURRENT IMMIGRATION STATUS

<input type="checkbox"/> U.S. Immigrant/Permanent Resident (Green Card)	<input type="checkbox"/> F-1 Student
<input type="checkbox"/> H-1B Temporary Worker	<input type="checkbox"/> J-2 Dependent
<input type="checkbox"/> J-1 Exchange Visitor	<input type="checkbox"/> Other _____

IF J-1 Exchange Visitor, what category?

<input type="checkbox"/> Student	<input type="checkbox"/> Professor	<input type="checkbox"/> Research Scholar	<input type="checkbox"/> Short Term Scholar	<input type="checkbox"/> Other _____
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PRIMARY ACTIVITY DURING THIS VISIT (Choose only one)

<input type="checkbox"/> Studying in a degree program	<input type="checkbox"/> Observing	<input type="checkbox"/> Demonstrating special skills
<input type="checkbox"/> Studying in a non-degree program	<input type="checkbox"/> Consulting	<input type="checkbox"/> Clinical activities
<input type="checkbox"/> Teaching	<input type="checkbox"/> Conducting research	<input type="checkbox"/> Temporary employment
<input type="checkbox"/> Lecturing	<input type="checkbox"/> Training	<input type="checkbox"/> Here with spouse

What is the actual date you FIRST entered the United States? What Status (Type of VISA)? _____

(This may be stamped in your current or previous passport.) Date (mm/dd/yyyy) Type of Visa

What was the start date of your immigration status for the current activity? _____

(In many cases, this is the FIRST date you entered the U.S.) Date (mm/dd/yyyy)

What is the projected end date of your primary activity? _____

(This is the completion date shown on your immigration document. Form I-20; Form DS-2019, or stamped in your Passport) Date (mm/dd/yyyy)

If you are a student, at what level do you study?

<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctoral	<input type="checkbox"/> Other _____
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Describe the activity that will result in U.S. income (i.e. professor of physics, consulting, teaching assistant, food service worker, scholarships, contest prize, etc.) _____

Name of UNCG department providing the income _____ ***Amount:** _____

Payment Type: Wages Scholarship Honorarium Other _____

*For Wages the amount should be the estimated annual income (Calendar Year).

TAX EXEMPTIONS INFORMATION

Is your spouse in the U.S.? Yes No **Is your spouse employed?** Yes No

Do you want to claim an exemption for your spouse if legally allowed to do so? Yes No

Do you have other dependents in the U.S. you would like to claim exemptions for? Yes No **If Yes, how many?** _____

RESIDENCY VERIFICATION

What country did you live in before this visit to the U.S.? _____

Did you pay taxes as a resident of that country? Yes No

Did your tax residency in that country end prior to this visit to the U.S.? Yes No **If Yes, when?** _____ (mm/dd/yyyy)

U.S. IMMIGRATION HISTORY

Have you ever been present in the United States before this visit? Yes No **If Yes, when?** _____ (mm/dd/yyyy)

Previous Visa: _____

Have you ever had another immigration status in the United States? Yes No **If Yes, when?** _____ (mm/dd/yyyy)

Previous Visa: _____

Have you ever changed your Immigration Status after entering the United States? Yes No **If Yes, when?** _____ (mm/dd/yyyy)

Previous Visa: _____

- Please list all **F, J, M, or Q** visa immigration activity since **January 1, 1985**.
- Please list all other visa immigration activity only for the **past three calendar years**.

Date of Entry (month/day/year)	Date of US Exit (month/day/year)	Visa/Immigration Status	J-1 Subtype Exchange Visitor Category Box 4 (Form DS-2019)	Primary Activity	Have you taken any Treaty Benefits
_____	_____	_____	_____	_____	<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

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on the form I must submit a new Foreign Visitor Information Form.

Signature _____

_____ Date (mm/dd/yyyy)

Print Name _____

CONSENT AND AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize The University of North Carolina at Greensboro to:

- Access my Custom & Border I-94 Record to obtain Travel Information.
- Release information contained on the Foreign Visitor Information Form to Thomas Reuters Corporation for the following purpose:
Technical software support for THE INTERNATIONAL TAX NAVIGATOR SYSTEM.

Signature _____

_____ Date (mm/dd/yyyy)

Print Name _____