FOREIGN NATIONAL INFORMATION FORM (FNIF)

This form is a required for determining tax status and tax withholding or exemption. In order to receive any form of payment, this Foreign National Information form and W-8BEN (https://www.irs.gov/forms-pubs/about-w-8-ben) must be completed.

All applicable questions below must be answered. Permanent Residents (permanent card holders) and naturalized U.S. citizens do not need to complete this form.

Please provide a copy of the following documents with this form:
(1) Passport (2) Visa (3) I-94 Arrival/Departure Form (4) I-20, DS2019, or I-797

SECTION I – GENERAL INFORMATION

Last or Surname Name: ___________________________ First Name: ___________________________ Middle: ___________________________

Social Security Number: (if applicable) ___________________________ KSU ID #: (if applicable) ___________________________

U.S. Local Address: (if applicable) ___________________________ Foreign Residence Address: ___________________________

Street Address: ___________________________

City: ___________________________

State: ___________________________ Zip Code: ___________________________

SECTION II – CURRENT VISA, PASSPORT AND VISIT INFORMATION

Country of Citizenship: ___________________________ Country that Issued Passport: ___________________________

Passport #: ___________________________ Passport Expiration Date: ___________________________

Visa #: ___________________________

Have you ever had another immigration status or previous visits to the U.S.?  
☐ Yes - If yes, see Page 3  
☐ No

Current Immigration Status: 
☐ Permanent Resident  ☐ F-1 Student  ☐ TN  ☐ H-1B Temporary Employee 
☐ J-1 Exchange Visitor  ☐ B-1  ☐ WB  ☐ J-2 Spouse or Child of Exchange Visitor 
☐ Canadian Walk-Over (No VIS) ☐ B-2  ☐ WT  ☐ Other ___________________________

If Immigration Status is J-1, what is the Subtype? 
☐ Studying in a Degree Program  ☐ Professor  ☐ Research Scholar 
☐ Short Term Scholar  ☐ Other ___________________________

What is the Actual Primary Activity of the visit? 
☐ 01 Studying in a Degree Program  ☐ 05 Observing  ☐ 09 Demonstrating Special Skills 
☐ 02 Studying in a Non-Degree Program  ☐ 06 Consulting  ☐ 10 Clinical Activities 
☐ 03 Teaching  ☐ 07 Conducting Research  ☐ 11 Temporary Employment 
☐ 04 Lecturing  ☐ 08 Training  ☐ 12 Here with Spouse
What is the ACTUAL DATE you entered the United States for the first time? _____/_____/_____. Visa Type: ____________________________
(month / day / year)

What is the START DATE of your current immigration status as indicated on your current I-20, DS2019, I-797, I-94? _____/_____/_____.
(month / day / year)

What is the projected END DATE your current immigration status (i.e. end date of I-20, DS2019, I-94)? _____/_____/_____.
(month / day / year)

Type of Work and/or Department: (example: Grad Teaching Assistant for Math Department) ____________________________

Type of student:  ○ Undergraduate  ○ Master’s Degree  ○ Doctoral Degree  ○ Other ____________________________

Married  ○ Yes  ○ No  Spouse living or working in USA  ○ Living  ○ Working  ○ Both  Spouse immigration status? ____________

For Consultant/Self Employed Individuals:
Do you/will you have an office (fixed base) in the U.S.?  ○ Yes  ○ No  If yes, how many days in this tax year did/will you have office (fixed base)?  ______

What country did you live in immediately prior to this visit to the U.S. if different from your foreign residence? ____________________________

Did you pay taxes in the country stated above?  ○ Yes  ○ No  If yes, list the start date and end date of tax residency? ____________________________

SECTION III - CERTIFICATION

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 this form I must notify the Payroll Office in writing. I understand this form is a requirement for determining tax status, tax withholding or exemption.

_________________________________________  ____________________________
Signature  Date

Print Name: ____________________________________________

Email Address: ____________________________________________

Local Phone Number: ________________________________________
**SECTION IV – U.S. VISA IMMIGRATION ACTIVITY**

Please list any U.S. VISA immigration visits in the last three years and ALL F, J, M or Q Visas since 01/01/1985 (Note: F & J students do not need to list short vacations or visits home). Must be completed if applicable. Please attach separate sheet, if necessary.

<table>
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<tr>
<th>Date of Entry (month/day/year)</th>
<th>Date of Exit (month/day/year)</th>
<th>Visa Immigration Status</th>
<th>J-1 Subtype</th>
<th>Primary Activity</th>
<th>Have you taken any Tax Treaty benefits?</th>
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