

**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-form-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)

Street Address

City

State

Zip Code

Foreign Residence Address:

City

Postal Code

Province/Region

Foreign Country

**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 VISA)     
  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   If yes, list the start date and end date of tax residency? \_\_\_\_\_  
 No

<b>SECTION III - CERTIFICATION</b>
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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.

Date of Entry (month/day/year)	Date of Exit (month/day/year)	Visa Immigration Status	J-1 Subtype	Primary Activity	Have you taken any Tax 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
					<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

Signature

Date