

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.

Today's Date:	Date of Birth:	Social Security Number:	BUID #:
IDENTIFICATION INFORMATION			
Last or family name:		First:	Middle:
Local Address			
Foreign Address			
Send tax forms to: <input type="checkbox"/> Local Address <input type="checkbox"/> Foreign Address		Local phone number:	Email address:
Job Title or Program of Study at Boston University:	Current Visa Type:	Country of Citizenship:	Passport #:
	Current Visa Number:	Country of tax residence, if different from citizenship:	Passport expiration date:
IMMIGRATION INFORMATION			
Have you ever visited the USA prior to your current visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No	List <u>any US immigration activity in the last 10 calendar years</u> and <u>all F, J, M, or Q visas</u> 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.	
<input type="checkbox"/>	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
Common Visa Types		Primary Activity Types	
B-1 Visitor for Business	01 Studying in a Degree Program	11 Temporary Employment	01 Student
B-2 Visitor for Pleasure	02 Studying in a Non-Degree Program	12 Here with Spouse/Relative	02 Short Term Scholar
F-1 Student	03 Teaching	13 Performing as an Artist	05 Professor
H-1B Worker in Specialty Occupation	04 Lecturing	16 Tourism Activities	12 Research Scholar
J-1 Exchange Visitor	06 Consulting	17 Business Activities	
J-2 Dependent of J-1 Visitor	07 Conducting Research	19 Practical Training (F-1/J-1)	
O-1 Alien of Extraordinary Ability			
TN Canadian or Mexican Professional			
VWB Visa Waiver Business			
VWT Visa Waiver Tourist			
SIGNATURE AND COMPLETENESS CONFIRMATION			
I 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:		Date:	