

UNIVERSITY OF NORTH CAROLINA AT PEMBROKE

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 must be attached to this completed form: 1. copy of **Passport**; 2. copy of **Visa**; 3. copy of **I-94 Departure Record**; 4. copy of **Social Security card or ITIN card**; 5. copy of **Form I-20 or Form IAP66**. The original of this form must be sent to: UNCP Controller, One University Drive, P.O. Box 1510, Pembroke, NC 28372.

***Note: If you have an alien registration card (green card), disregard this form and simply send a copy of the card to the above address.**

PERSONAL / PASSPORT INFORMATION

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

U. S. Social Security No. or Individual Taxpayer Identification No.: _____ Date of Birth: _____
month / day / year

UNCP Student 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: _____
month / day / year

Visa No.: (red number in lower right corner of stamp in passport) _____

ADDRESSES

U.S. Local Street Address: _____ Foreign (home) Residence Address (should not be P.O. Box) _____

Street _____ Street _____

City _____ City _____ Province/State _____ Postal Code _____

State _____ Zip Code _____ Country _____

CURRENT IMMIGRATION STATUS

- U.S. Immigrant/Permanent Resident
 H-1B Temporary Worker
 J-1 Exchange Visitor

- F-1 Student
 J-2 Dependent
 Other: _____

IF J-1 Exchange Visitor, what category?

- Student Professor Research Scholar Short Term Scholar Other: _____

PRIMARY ACTIVITY DURING THIS VISIT (Choose only one)

- Studying in a degree program Observing Demonstrating special skills
 Studying in a non-degree program Consulting Clinical activities
 Teaching Conducting research Temporary Employment
 Lecturing Training Here with spouse

What is the actual date you entered the United States? _____
(This date is stamped on your visa and I-94 Departure Record) month / day / year

What was the start date of your immigration status for the current activity? _____
(In many cases, this is the date you entered the U.S.) month / day / year

What is the projected end date of your primary activity? _____
(In many cases, this is the completion date on your immigration document.) month / day / year

If you are a student, at what level do you study?
 Undergraduate Masters Doctoral Other: _____

Describe the activity that will result in U.S. income (i.e. professor of physics, consulting, teaching assistant, food service worker, scholarship, contest prize, etc. _____)

Name of UNCP 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 so, 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? _____ / _____ / _____
 month day / year

U.S. IMMIGRATION HISTORY

(If the answer to either of the questions below is yes, please complete U.S. Immigration History, Part 2.)

Have you ever had another immigration status in the United States? Yes No

Have you ever been present in the United States before this visit? Yes No

U.S. IMMIGRATION HISTORY, Part 2

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

Date of US Entry month / day / year	Date of US Exit month / day / year	Visa /Immigration Status	J-1 Subtype	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 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: _____

Consent and Authorization to Release Information

I, _____ (name) hereby authorize the University of North Carolina at Pembroke to release information contained on the Foreign Visitor Information Form to Windstar Technologies, Inc., P.O. Box 800, 1504 Providence Hwy, Norwood, MA 02062-0800 for the following purpose: technical software support for The INTERNATIONAL TAX NAVIGATOR SYSTEM.

Signature: _____ Date: _____