

## FOREIGN NATIONAL TAX ASSESSMENT FORM

# Northern Illinois University

This Form must be completed before you can receive any form of payment for employment wages or student financial aid. All applicable questions below must be answered. Attach a copy of your I-94 Form (Arrival/Departure Record), a copy of your Passport, a U.S. VISA page from your passport, I-20 Form or DS-2019, a copy of your Social Security Card or ITIN (Individual Tax Identification Number), or EAD (Employment Authorization Documents).

Last or Family Name	First Name		Middle Name						
Date of Birth (month/day/year)	Student/Employee ID Number	Social Security Number or Individual Taxpayer Identification No ("ITIN")	If you have no Social Security Number or ITIN, have you applied for one?						
/ /		Taxpayer racination to ( Time )	Yes No						
Department where you work	Position Title	Job Description	Date of Employment						
			/ /						
Residency Information									
U.S. Local Address		Foreign Permanent Address	Foreign Permanent Address						
Address:		Address:	Address:						
City:State:_	Zip code:	City:	City:Postal Code:						
Phone Number:E	mail:	Province:	Province:Country						
Current Immigration Status  B-1 or B-2 Business purpose / Non-business tourism  F-1 Student									
H-1B Foreign Worker in Specialty Occi		J-1 Exchange Visitor/Student							
H-4 Dependent of Foreign Worker in S		J-2 Dependent of Exchange \	J-2 Dependent of Exchange Visitor						
U.S. Immigrant /Permanent Resident		VWP Visa Waiver Program (\	VWP Visa Waiver Program (WT/WB status)						
If F-1 Student, what category?		Other (please specify):	Other (please specify):						
Undergraduate Doctoral Other:  If J-1 Exchange Visitor, what category?									
Student Research Scholar Short-term Scholar Professor Other:									
Primary Activity During this Visit									
Studying in a degree program	Observing	Demor	Demonstrating Special Skills						
Studying in non-degree program	Consulting	Clinical	Clinical Activities						
Teaching	Conducting Resear	rch Tempo	Temporary Employment						
Lecturing	Lecturing Training Here with a Spouse								
Estimate of wages to be paid by the university: \$ Are you a recipient of a Grant? (scholarship, fellowship) Yes No Amount: \$									
If you are a Consultant or Self employed individual, do you/will you have an office or fixed base) in the US? Yes # of Days: No									
Tax Exemption and Treaty Benefit Information									
Marital Status: Married Single Is spouse here in the U.S? Yes No Is Spouse working? Yes No									
Number of Dependents: Are dependents US Citizens or Permanent Residents? Yes No									
Country of Citizenship: Country of Residency if different than the Country of Citizenship:									
country of chazenship.	Country of Residency if diffe	creme than the country of chizenship.							
Do you wish to claim Tax Treaty benefits if they are available? Yes (Please complete the additional IRS Form W-8BEN or Form 8233) No									
Have you taken any action to become a US lawful Permanent Resident?									

Visa History Information										
Passport Number: Passport Expiration Date: / / Country that Issued Passport:						sport:				
Visa Number:		Visa Issu	e Date: /	/ I-20/DS-201	9 Expiration Date:	/ /				
First Day in the U.S: / / Last Day in the U.S on Your Current Immigration Status: / /										
Please list ALL U.S. immigration activity during the CURRENT AND FOUR PREVIOUS years, and ANY immigration activity before that time if you had an F, J, Q or M issued visa.										
Date of Entry	Date of Exit	Immigrations Status	J-1 Subtype	Visa Number	Primary Activity	Tax Residency Country	Have you Taken Any Tax Treaty Benefits?			
/ /	/ /						Yes No			
/ /	/ /						Yes No			
/ /	/ /						Yes No			
/ /	/ /						Yes No			
/ /	/ /						Yes No			
/ /	/ /						Yes No			
/ /	/ /						Yes No			
/ /	/ /						Yes No			
/ /	/ /						Yes No			
I hereby certify that all of the above information is true, complete and correct. I understand that if my status changes from that which I have indicated on this form, I must complete and submit a new Foreign National Tax Assessment Form to Human Resource Services (Swen Parson Room 110) or the Controller's Office (Lowden Hall Room 201).										
Signature:				Date:		-				

## Instructions for Completing the Foreign National Tax Assessment Form

**Name:** List your full name as it appears on your Social Security Card, ITIN letter, or your passport if you do not have a U.S. taxpayer ID number.

Birthdate: List your birthdate in the format mm/dd/yy.

**Student/Employee ID number:** All students, faculty and staff affiliated with Northern Illinois University are issued an 8-digit identification number. For most students and recently hired employees, this 8-digit number is the same as their Z- or A-ID number used for login purposes. Please list on the form the ID number issued to you.

**Social Security Number or ITIN:** Enter the U.S. Social Security number issued to you by the U.S. Social Security Administration or the Individual Taxpayer Identification Number issued to you by the U.S. Internal Revenue Service. Do NOT list temporary numbers, school assigned numbers or foreign social security numbers.

**Department or College:** List the NIU Department or College where you will be employed, job title description and initial date of employment.

#### **Residency Information:**

U.S. Local Address: List the local address where you will reside during your stay in the U.S.

Foreign Permanent Address: List the address you consider to be your foreign permanent address.

Current Immigration Status: Check the box for the type of U.S. Visa that you currently hold.

Student Type F-1: If you entered the U.S. in student status, please check the appropriate box.

Exchange Visitor Type J-1: Check the appropriate J-1 subtype. You can find this on your DS-2019.

Primary Activity During this Visit: Check only one activity that represents the purpose of your visit.

**Employment wages and/or Student financial aid:** Please provide estimates for the total dollar amount expected of wages and/or student financial aid in the form of scholarships, awards, room & board credits, etc...

**Consultants/Self-employed:** Please check the appropriate box. This includes any office at any location specifically identified with you. This is important for analysis of tax treaty benefits.

### **Tax Exemption and Treaty Benefit Information:**

Marital Status: Please provide the requested information about your marital status and dependents.

Country of Citizenship: List your country of citizenship.

**Country of Residence:** This is your tax residence. Tax residence is where you were last subject to income taxes as a resident of that country. This can be different from legal residence or country of citizenship. Do NOT include the U.S. as Country of Residence.

**Treaty Benefits:** You may receive the benefit of a reduction in or elimination of U.S. income taxes on compensation earned or financial aid received should a tax treaty exist between your home country and the United States. Should you elect to receive this benefit, you must complete IRS Form W-8BEN in addition to this NIU form.

#### **Visa History Information:**

Passport Number: Enter your passport number.

Passport Expiration: Enter the expiration date of your passport.

**Actual Date of Entry:** Include the month, day and year of U.S. entry for your current status. Approximate if you do not know the exact date.

**Status End Date:** Include the end date of your current immigration status found on immigration documents such as your I-20, DS-2019 or I-94. Otherwise list the date you plan to leave the U.S. Typically dates of exits are needed for those in the U.S. on visitor visas or visa waivers.

**Immigration Activity:** List ALL U.S. immigration activity during the CURRENT AND FOUR PREVIOUS years, and ANY immigration activity before that time if you had an F, J, Q or M issued visa.

Country that issued your Passport: List the name of the country that issued your passport.