



**University of South Carolina
Foreign National Tax Information Form**

The information in this form is used to determine your U.S. residency status and to determine if you are exempted from payroll and other related taxes.

Instructions:

A. Please print, sign, and mail to: [Foreign National Tax Information Form](#) (complete electronically; hand written is not accepted)

International Payroll Office
1600 Hampton Street
7th Floor, Payroll
Columbia, SC 29208

Student Hours: Mondays and Tuesdays 10:00A.M. - 2:00P.M.

Faculty/Staff Hours: Wednesdays by **APPOINTMENT ONLY**

Administrative Days: Thursdays and Fridays **NO WALKINS OR APPOINTMENTS**

Do you have a job or teaching/graduate assistantship through the University? Yes No

| | | |
|--|-------------|--|
| (1) Last/Family Name _____ | First _____ | Middle _____ |
| (2) USCID#(Begins with a letter) _____ | | |
| (3) Email Address _____ | | (4) Date of Birth(mm-dd-yy) ____/____/____ |

| | |
|--|--|
| <p>(5) U.S. Local Address (do not use campus address)</p> <p>Line1 _____</p> <p>Apartment Number _____</p> <p>City _____</p> <p>State _____</p> <p>Zip Code _____</p> | <p>(6) Foreign Permanent Residence Address</p> <p>Line1 _____</p> <p>Line2 _____</p> <p>City Postal Code _____ City _____</p> <p>Province/Region _____</p> <p>Region Postal Code _____</p> <p>Country _____</p> |
|--|--|

| |
|--|
| (7) Country of Citizenship _____ |
| (8) Tax Residency, if different from above (last country you resided in) _____ |
| (9) Did Tax Residency end? Yes No |
| (10) If tax residency ended, when?(mm-dd-yyyy) ____/____/____ |

| | | |
|--|---|--|
| Current Immigration Status | | |
| <input type="checkbox"/> Resident (attach copy of green card) <input type="checkbox"/> Applicant for LPR <input type="checkbox"/> >1 Exchange Visitor <input type="checkbox"/> J-2 Exchange Visitor Dependent | <input type="checkbox"/> H-1 Temporary Employee <input type="checkbox"/> F-1 Student <input type="checkbox"/> F-1 OPT <input type="checkbox"/> B-1/B-2 | <input type="checkbox"/> VW(Visa Waiver) <input type="checkbox"/> Other _____ |
| (12) If immigration status is J-1 , what is the Subtype? | | |
| <input type="checkbox"/> Student | <input type="checkbox"/> Professor | <input type="checkbox"/> Short-term Scholar |
| <input type="checkbox"/> Research Scholar | <input type="checkbox"/> Other _____ | |
| If immigration status is J-2, attach J-1 Sponser Form DS-2019. | | |

| | | |
|---|---|---|
| (13) Actual Primary Activity | | |
| <input type="checkbox"/> Studying in a Degree Program | <input type="checkbox"/> Observing | <input type="checkbox"/> Clinical Activities |
| <input type="checkbox"/> Studying in a Non-Degree Program | <input type="checkbox"/> Consulting | <input type="checkbox"/> Temporary Employment |
| <input type="checkbox"/> Teaching / Lecturing | <input type="checkbox"/> Conducting Research | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Acquire Training / Attend Workshop | <input type="checkbox"/> Provide Training / Facilitate Workshop | |

(14) **Type of Student** [if you are not a student, please skip]

- Undergraduate
 Masters
 Doctoral
 Other _____

(15) Have you attended another university in the U.S.? Yes No (16) If yes, provide School name _____
 Last term enrolled _____

(17) Will you be receiving **honoraria payments** or wages for **self-employed** services performed? Yes No If no, please skip the following questions...

(18) List the number of days you will perform services on the University campus: _____

(19) List the number of institutions from which you have received payments (for academic related services) during the last 6 months: _____

(20) Do you have an office [fixed base] in the U.S.? Yes No (21) If yes, how many days is this office available to you? _____

(22) **Do you have a job or teaching/graduate assistantship through the University?** Yes No

(23) If yes, please estimate amount of wages in US dollars that you expect to make in the current year. _____

(24) Please list the department you will be working for and describe what you will be doing that will result in the income listed above.

Department: _____ Activity: _____

(25) **If you do not expect to earn wages from the University, please select the type of payment you will be receiving from the list below:**

- Scholarship
 Honorarium
 Prize/Award
 Stipend
 Other

(26) Please estimate the amount of the payment you will receive. _____

(27) What is the actual date you first entered the U.S. in your present immigration status? ____/____/_____

(28) What is the projected end date of your immigration status or this primary activity? ____/____/_____

Prior U.S. Immigration Travel

For F,J,M, and Q visas, please list below all travel into the U.S. since 1985 (If Applicable, Please list F-1 OPT Dates)

For B visa, visa waiver, etc, please list below all travel to the U.S. during the last 3 calendar years.

| Date of Entry to U.S. | Date of Exit from U.S. | VISA Immigration Status | J-1 Subtype | Primary Purpose of Visit | 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 |
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| | | | | | <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 |

If you do not have a SSN or ITIN, payments to nonresident aliens for services performed or benefits received within the U.S. may be subject to a maximum withholding rate of 30%. The University will notify you if you are eligible for tax treaty benefits.

I certify that all of the above information is true and correct. I understand that if my Passport and Visa Information or Residence Status for tax purposes change, I must submit a new Foreign National Information Form.
 Signature _____ Date _____ Local Phone (____) _____

Foreign National Form Guide

Please find your current visa status in the left column. The right column tells you what documents to attach to the above Foreign National Tax Information Form.

| Visa Status | Documents Needed |
|-------------|---|
| F-1 | Passport identification page All U.S. Visa(s) All U.S. Entry Stamps I-94 card or electronic entry document All I-20(front and back) EAD for OPT |
| J-1 | Passport identification page All U.S. Visa(s) All U.S. Entry Stamps I-94 card or electronic entry document DS-2019 (must include current, and all prior DS-2019) Offer Letter |
| J-2 | Passport identification page All U.S. Visa(s) All U.S. Entry Stamps I-94 card or electronic entry document DS-2019 for J-1 sponsor DS-2019 for dependent Offer Letter |
| H-1B | Passport identification page All U.S. Visa(s) All U.S. Entry Stamps I-94 card or electronic entry document All I-797 Offer Letter |
| TN | Passport identification page All U.S. Entry Stamps I-94 card or electronic entry document Offer Letter |

If additional information is needed, please contact the Payroll Department at (803)777-4227.