

Washington College
Foreign National Tax Questionnaire

BOX 1: PERSONAL INFORMATION

| | | | |
|-------------------|-------------------------------|---------------------------|--------------|
| LAST/ FAMILY NAME | FIRST NAME | MIDDLE INITIAL | STUDENT ID # |
| DATE OF BIRTH | FIRST DATE OF ENTRY INTO U.S. | U.S. SOCIAL SECURITY/ITIN | |

BOX 2: UNITED STATES TEMPORARY RESIDENCE

| | | |
|---------------------|--------------|----------|
| U.S. STREET ADDRESS | HOME PHONE # | EMAIL |
| CITY | STATE | ZIP CODE |

BOX 3: PERMANENT FOREIGN ADDRESS

| | | |
|-----------------|--------------------|------------------|
| STREET ADDRESS | CITY | CITY POSTAL CODE |
| PROVINCE/REGION | REGION POSTAL CODE | COUNTRY |

BOX 4: INCOME INFORMATION

| | | |
|--|---|--|
| TYPE OF INCOME: | <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> INDEPENDENT CONTRACTOR <input type="checkbox"/> OTHER: _____ | ESTIMATED ANNUAL INCOME : \$ _____ N/A _____ |
| EMPLOYING DEPARTMENT(S) | JOB TITLE(S) | |
| PRIMARY JOB DUTIES (TEACHER/RESEARCHER ETC.) | DEPARTMENT PHONE NUMBER | |
| WASHINGTON COLLEGE HIRE DATE | FIRST DATE OF EMPLOYMENT IN U.S. | |

BOX 5: INTERNATIONAL VISA INFORMATION

| | | |
|---|---|-----------------|
| CURRENT INS VISA CLASSIFICATION (CHECK ONE) | | |
| | VISA NUMBER _____ | EXP. DATE _____ |
| <input type="checkbox"/> F-1 STUDENT → <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE <input type="checkbox"/> POST GRADUATE | | |
| <input type="checkbox"/> J-1 (LIST CATEGORY INDICATED ON THE FORM IAP66, SECTION 4) <input type="checkbox"/> PRIMARY PURPOSE: _____ | | |
| → J-1 SUB-TYPE: (CHOOSE ONE) | | |
| <input type="checkbox"/> 01-STUDENT | <input type="checkbox"/> 05-PROFESSORS | |
| <input type="checkbox"/> 02-SHORT TERM SCHOLARS | <input type="checkbox"/> 06-SPECIALISTS | |
| <input type="checkbox"/> 03-TRAINEES-NON MEDICAL | <input type="checkbox"/> 07-ALIEN PHYSICIANS | |
| <input type="checkbox"/> 04-TEACHERS | <input type="checkbox"/> 08-RESEARCH SCHOLARS | |

→OVER

***MAIL FORM AND REQUIRED DOCUMENT COPIES TO: WASHINGTON COLLEGE-BUSINESS OFFICE, 300 WASHINGTON AVENUE, CHESTERTOWN, MD 21620 OR, RETURN IN PERSON TO THE BUSINESS OFFICE, FOSTER HOUSE.

PLEASE COMPLETE PAGES ONE AND TWO OF THIS FORM. SIGNATURE IS REQUIRED IN BOX 9.

- H1B1 SPECIALTY OCCUPATION
- O-1 ALIEN OF EXTRAORDINARY ABILITY IN SCIENCES, ARTS, EDUCATION
- TN (TREATY N.A.F.T.A.) CANADIAN OR MEXICAN CITIZEN PROFESSIONAL
 - DEPENDENT VISA (MUST BE EMPLOYMENT AUTHORIZED)**
 - J-2 SPOUSE/DEPENDENT OF J-1 VISITOR

COUNTRY ISSUING PASSPORT _____ PASSPORT NUMBER _____ PASSPORT EXPIRATION _____

COUNTRY OF RESIDENCE (FOR TAX PURPOSES) _____ ANTICIPATED DATE OF DEPARTURE _____

BOX 6: DOCUMENTS TO ATTACH TO THIS FORM

PLEASE ATTACH TO THIS FORM, PHOTOCOPIES OF ALL THE DOCUMENTS LISTED BELOW WHICH APPLY TO YOUR STATUS:

- J-1 STUDENT/TEACHER/RESEARCHER: DS-2019 (FORMERLY IAP -66) CERTIFICATE OF ELIGIBILITYs
- F-1 STUDENT: **I-20 FORM**, CERTIFICATE OF ELIGIBILITY
- H1B1 AND O: FORM I-797A
- TN: CANADA, I-94/ MEXICO, I797A
- LEGAL PERMANENT RESIDENT: (GREEN CARD)
- IF APPLIED FOR, COPY OF I-551 STAMP FROM YOUR PASSPORT OR INS LETTER STATING APPROVAL
- IF PRESENT IN THE U.S. UNDER ASYLUM, REFUGEE, OR TEMPORARY PROTECTED STATUS: A COPY OF THE INS LETTER STATING YOUR STATUS.
- **COPY OF I-94 FRONT AND BACK**
- **COPY OF CURRENT STATUS VISA**
- **COPY OF PASSPORT**

BOX 7: DETERMINATION OF RESIDENCE FOR TAX PURPOSES

- A) PERMANENT RESIDENT: ARE YOU A LAWFUL U.S. IMMIGRANT OR PERMANENT RESIDENT WHO POSSESSES AN ALIEN REGISTRATION CARD (GREEN CARD)?
 - YES NO
- B) PERMANENT RESIDENT APPLICANT: HAVE YOU APPLIED FOR PERMANENT RESIDENT STATUS AND RECEIVED AN "I-551" STAMP IN YOUR PASSPORT OR INS LETTER STATING APPROVAL OF YOUR APPLICATION? YES NO
- C) ARE YOU CURRENTLY PRESENT IN THE UNITED STATES UNDER ASYLUM STATUS?
 - YES NO
- D) ARE YOU CURRENTLY PRESENT IN THE UNITED STATES UNDER REFUGEE STATUS?
 - YES NO
- E) ARE YOU CURRENTLY IN THE UNITED STATES UNDER A TEMPORARY PROTECTED STATUS? YES NO

BOX 8: PHYSICAL PRESENCE INFORMATION

PLEASE INDICATE THE NUMBER OF DAYS YOU WERE PHYSICALLY PRESENT AT ANY TIME IN THE U.S.

| DATE OF ENTRY (MM/DD/YYYY) | DATE OF EXIT (MM/DD/YYYY) | VISA STATUS (B-1, F-1, J-1, etc.) | PRIMARY ACTIVITY (TOURIST, STUDENT, RESEARCHER) | HAVE YOU TAKEN ANY TREATY BENEFIT? |
|-------------------------------|------------------------------|--------------------------------------|--|------------------------------------|
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BOX 9: CERTIFICATION

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 this form I must submit a new Foreign National Questionnaire Form.

Signature: _____ **Date:** _____