

## 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/DS2019**.

### 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  
Employer: \_\_\_\_\_ 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.: (control number in upper right corner of stamp in passport): \_\_\_\_\_

### ADDRESSES

#### U.S. Local Street Address:

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Foreign (home) Residence Address (should not be P.O. Box)

Street \_\_\_\_\_  
City \_\_\_\_\_ Province / State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Country \_\_\_\_\_

### CURRENT IMMIGRATION STATUS

U.S. Immigrant/Permanent Resident  F-1 Student  OTHER: \_\_\_\_\_  
 H-1B Temporary Worker  J-2 Dependent  
 J-1 Exchange Visitor  DACA  
--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 date you first entered the United States? Please estimate if unknown.

(This date is the first trip you ever made to the United States)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
month/ day/ year

What was the start date of your immigration status for the current activity?

(This date is stamped on your visa and I-94 Departure Record)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
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. employee, professor of physics, consulting, teaching assistant, food service worker, scholarship, contest prize, etc.) \_\_\_\_\_ ""lqdvkrg'aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

Name of agency/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

Please list the dates of residency in that country?

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ month/ day/ year \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ month/ day/ year

**U.S. IMMIGRATION HISTORY, Part 1**

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 - REQUIRED**

Please complete your immigration history for the past 5 years. If you do not know exact dates, please estimate each arrival and departure date. If you are in F, J, M, or Q visa status, please include all arrival and departure activities since January 1, 1985. Please note this section is REQUIRED for all visa types

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

**Foreign National's Signature:** I hereby certify that all of the above information is true and correct. I understand that if ANY of my information changes, including status, from that which I have indicated on this form I must submit a new Foreign Visitor Information Form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I consent to allow the Foreign National Tax Compliance Team to access my electronic I-94 record and/or travel history using the U.S. Customs and Border Protection's online I-94 retrieval system at [www.cbp.gov/i94](http://www.cbp.gov/i94). Initial: \_\_\_\_\_

I, \_\_\_\_\_ (foreign national's name) hereby authorize the North Carolina entity listed to release information contained on the Foreign Visitor Information Form to Thomson Reuters, Inc. for the following purpose: technical software support for THE WINDSTAR INTERNATIONAL TAX NAVIGATOR SYSTEM.

Signature: \_\_\_\_\_ Date \_\_\_\_\_