North Carolina
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

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.: (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**

☐ **H-1B Temporary Worker** ☐ **J-2 Dependent**

☐ **J-1 Exchange Visitor** ☐ **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 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?	
___/__/___	___/__/___	_____	_____	_____	☐ Yes	☐ No
___/__/___	___/__/___	_____	_____	_____	☐ Yes	☐ No
___/__/___	___/__/___	_____	_____	_____	☐ Yes	☐ No
___/__/___	___/__/___	_____	_____	_____	☐ Yes	☐ No
___/__/___	___/__/___	_____	_____	_____	☐ Yes	☐ No
___/__/___	___/__/___	_____	_____	_____	☐ Yes	☐ No

I hereby certify that all of 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 North Carolina entity listed 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 _____