

## UAHuntsville Alien Tax Information Form

**All applicable questions below must be answered. A copy of both sides of your I-94 Form "Arrival and Departure Record" (a small white card inside your passport, a copy of your U.S. VISA from your passport and and I-20 or IAP-66 must be attached to this form. If you are a U.S. Immigrant/Permanent Resident attach a copy of your green card. This form must be returned before any check can be issued by Payroll or Accounts Payable.**

This section is to be completed by a Payroll Department Representative.

<b>Purpose for submitting this form:</b> <input type="checkbox"/> Employee (check beside the appropriate choice below) <input type="checkbox"/> <i>New to University</i> <input type="checkbox"/> <i>Previously Employed as Student Assistant</i> <input type="checkbox"/> <i>Change in Visa Status</i> <input type="checkbox"/> <i>Tax Treaty Renewal</i> <input type="checkbox"/> Independent Contractor/Honorarium (Amount \$ _____) <input type="checkbox"/> Scholarship/Fellowship (Amount \$ _____) <input type="checkbox"/> Other _____ (Amount \$ _____)		
Annual Salary \$ _____ Position Title _____ Department Name _____ Department Contact Person _____ Campus Address _____ Telephone Number _____		
1. Last or Family Name _____	First _____ Middle _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <div style="text-align: right;"><b>(Check One)</b></div>
2. Social Security # OR A # _____	3. Date of Birth _____ <div style="text-align: right; margin-right: 50px;">Month      Day      Year</div>	
4. U.S. Local Street Address _____ Address Line 2 _____ Address Line 3 _____ City _____ State _____ Zip Code _____ Telephone Number (    ) _____	5. Foreign Residence Address _____ Address Line 2 _____ City _____ Postal Code _____ Province/Region _____ Province/Region Postal Code _____ Country _____	
6. Country of Citizenship _____	7. Country that issued Passport _____	
8. Passport # and Expiration Date _____	9. Visa # (not the control number) _____	
10. Your current U.S. Immigration Status: <b>If you mark U.S. Immigrant/Permanent Resident Stop Here. Sign and date page 2.</b>		
<input type="checkbox"/> U.S. Immigrant/Permanent Resident <input type="checkbox"/> F-1 Student <input type="checkbox"/> J-2 Spouse or Child of Exchange Visitor <input type="checkbox"/> J-1 Exchange Visitor <input type="checkbox"/> H-1 Temporary Employee <input type="checkbox"/> Other _____		
11. If Immigration Status is J-1, What is the Category? <b>Check Only One</b>		
<input type="checkbox"/> 01 Student <input type="checkbox"/> 05 Professor <input type="checkbox"/> 12 Research Scholar <input type="checkbox"/> 02 Short Term Scholar <input type="checkbox"/> 07 Alien Physician <input type="checkbox"/> Other _____		
12. What is the Primary Purpose of your Current Stay in the U.S. ? <b>Check Only One</b>		
<input type="checkbox"/> 01 Studying in a Degree Program <input type="checkbox"/> 05 Observing <input type="checkbox"/> 09 Demonstrating Special Skills <input type="checkbox"/> 02 Studying in a Non-Degree Program <input type="checkbox"/> 06 Consulting <input type="checkbox"/> 10 Clinical Activities <input type="checkbox"/> 03 Teaching <input type="checkbox"/> 07 Conducting Research <input type="checkbox"/> 11 Temporary Employment <input type="checkbox"/> 04 Lecturing <input type="checkbox"/> 08 Training <input type="checkbox"/> 12 Here with Spouse		
13. What is the Actual Date you first entered the U.S. in your present immigration status? _____	14. What is the Start Date on your current immigration form (i.e. DS-2019, I-20, or I-797, as applicable)? _____	15. What is the End Date of your present work authorization? _____

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continued

<p>16. If Student, What Type? <b>Check Only One.</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Undergraduate</td> <td style="width:50%;">Graduate</td> </tr> <tr> <td>Post Graduate</td> <td>Medical Student</td> </tr> </table>	Undergraduate	Graduate	Post Graduate	Medical Student	<p>17. If Married, is Spouse in U.S. ?</p> <p align="center">Yes      No</p> <p>Number of other dependents here, excluding spouse? _____</p>
Undergraduate	Graduate				
Post Graduate	Medical Student				
<p>18. For Independent Contractors/Self-Employed Individuals: Do you/will you have an office (fixed base) in the U.S.?</p> <p align="center">Yes      No</p> <p>If Yes, how many days in this tax year did you/will you have office (fixed base)? _____ Days</p>	<p>19. Country of Tax Residence if Different from Foreign Residence Address (See "Questions" Below - #7)</p> <p align="center">_____</p> <p>Did tax residency end?      Yes      No</p> <p>If yes, when?      _____</p> <p align="center">Month/Day/Year</p>				

**Prior U.S. Immigration Activity**

20. **Please list all periods of stay in the U.S. during the last 3 calendar years and all F, J, M or Q visa periods since Jan. 1, 1988:**

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype (if J-1 status)	Purpose of Stay	Have you taken any treaty benefits?
					Yes      No
					Yes      No
					Yes      No
					Yes      No
					Yes      No
					Yes      No
					Yes      No
					Yes      No
					Yes      No

*Please attach separate sheet, if necessary.*

**QUESTIONS...**

1. Name. Print full name.
2. U.S. Local Street Address. List your local home address. If unknown, list address of your UAHuntsville Department.
3. Foreign Residence Address. List your permanent address abroad.
4. Visa #. List your U.S. visa number (not the control number). It is usually an eight digit number found below the expiration date.
5. Actual Date of Entry, Start Date, and Projected End Date. Must include month, day and year for all. Approximate if you are unsure.
6. Consultants/Self-Employed Individuals. Circle the appropriate choice. This includes any office at any location specifically identified with you.
7. Tax residency. Tax residence is where you last paid taxes as a resident, and can be different from legal residence. Do not include the U.S. unless you have met the substantial presence test.
8. Please be certain all questions are answered.
9. Sign this form at the bottom as you would a business letter and write today's date.

**PLEASE RETURN THIS FORM TO:**

Karen Smith  
Payroll Services, UAHuntsville  
Shelbie King Hall Room 158

If your country has a tax treaty with the U.S., but you elect not to use these benefits, please initial here. \_\_\_\_\_

**I hereby certify that all of the above information is COMPLETE, TRUE, AND CORRECT. I understand that if I apply for a change in status from that which I have indicated on this form, I must submit a new Alien Tax information form.**

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