

Old Dominion University

Foreign National Information Form

Before activity and payment can be made, this form must be completed to ensure that the visitor is allowed to receive compensation, honoraria, scholarship, or business related reimbursement under U.S. immigration and Internal Revenue laws. Please attach the following if applicable: Copy of Passport, Copy of Visa, Copy of I-94 electronic record, and a copy of Social Security Card or ITIN, copy of I-20 or DS2019.

PERSONAL INFORMATION

Last or Family Name: _____
First: _____ Middle: _____
U.S. Social Security No. or Individual Taxpayer Identification No.: _____
Date of Birth: _____ (month/day/year)
U.S. Telephone No.: (Home) _____ U.S. Telephone No.: (Work) _____
Email Address: _____
U.S. Local Street Address: _____ Foreign Residence Permanent Address: (Do not use P.O. Box)

Street _____ *Street* _____

City _____ *City* _____ *Province/State* _____ *Postal Code* _____

State _____ *Zip Code* _____ *Country* _____

PASSPORT INFORMATION

Country of Citizenship: _____
Country issuing Passport: _____
Passport No. _____ Expiration Date: _____

VISA DETAIL CURRENT IMMIGRATION STATUS

____ Legal Permanent Resident (attach green card) _____ B1 Visitor
____ HIB Temporary Visitor _____ Visa Waiver Visitor
____ Other _____ (include category if J-1)

PRIMARY ACTIVITY DURING THIS VISIT (Choose Only One)

____ Honoraria _____ Research _____ Teaching _____ Other _____
(describe)

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

(The date you first entered the U.S. for the primary activity –I-94 departure record) _____
Month / Day / Year

What is the expected start and end date of your activity at ODU? _____

If you are a visitor who will receive an honorarium and reimbursement for the primary activity, complete questions 1-5.

- (1) Describe the activity (teaching, lecturing, conducting research, training, consulting) you are receiving _____
- (2) List the number of days you will perform activity at ODU: _____

(3) List the **number** of U.S. institutions that you have visited and received payments from in the last 6 months prior to this ODU visit: _____

(4) Do you or will you have an office in the U.S. (fixed base)? Yes _____ No _____

(5) If yes how many days in this calendar/tax year (Jan through Dec) did you/will you have a fixed base? _____ # of days.

INCOME TYPE/AMOUNT

Payment Type: _____ Scholarship _____ Honoraria _____ Other

Name of ODU department providing funds: _____ Amount: _____

(If Wages, the amount should represent the estimated calendar year income.)

If Wages, complete the following:

What is the actual date of first employment in the United States? _____
Month / Day / Year

RESIDENCY VERIFICATION

What country did you live in before this visit to the U.S.? _____

Did you pay taxes as a resident in that country? Yes _____ No _____

U.S. IMMIGRATION HISTORY

Have you ever had another immigration status in the U.S.? Yes _____ No _____

Have you ever been present in the U.S. prior to this visit? Yes _____ No _____

(If either question is answered "yes", complete U.S. Immigration History, Part 2)

U.S. IMMIGRATION HISTORY, Part 2

What is the actual date you first entered the United States? _____
Month / Day / Year

List all VISA Immigration Activity during the last three calendar years and all activity

Date of Entry Month/Day/Year	Date of U.S. Exit Month/Day/Year	Visa Immigration status	Primary Activity	Treaty Benefits Taken
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 National Information Form to the Visa Office and NRA Tax Coordinator at ODU

Signature: _____ Date: _____

Approved by VISA officer: _____ Date: _____

Approved by International Tax Coordinator: _____ Date: _____