For Use with Honorarium Payment from STATE FUNDS Only

Determination of Residence Status of Foreign Nationals for Tax Purposes

University at Albany

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name

Do you have a US Social Security Number or Individual Taxpayer Identification Number? Yes / No

If yes, #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foreign Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current immigration status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PLEASE ATTACH PHOTOCOPIES OF PASSPORT, VISA, and I-94 CARD**

Date you first entered the US in your current immigration status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check which applies:

\_\_\_ I have been in the U.S. fewer than 31 days during the current calendar year

OR

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| \_\_\_ I have been in the U.S. 31 calendar days or more in the current calendar year and the following is a history of all US visits:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Entry | Date of Exit | Visa Type | Purpose | Total Days |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

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I certify, under penalties of perjury, that the information provided on this form are true and correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature Date