New College of Florida Foreign National Tax Information Form

All applicable questions below must be answered BEFORE you can RECEIVE any form of PAYMENT, GRANT or SCHOLARSHIP from New College of Florida. All information contained in this form is required for IRS Tax Reporting. 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 a copy of an I-20, DS2019 (IAP-66) or I-797 and a copy of your passport must be attached to this form. This form must be completed if your immigration status in the United States is temporary or if you are currently on a visa. If you are from a country with a Tax Treaty with the U.S., you will need to file additional forms to claim any allowable exemption provided by the tax treaty. If you are a permanent resident of the United States (i.e. possess a resident alien "green card") you do not have to complete this form.

This section is to be completed by Department Representative.

Purpose for submitting this form:					
☐ Employee (mark the appropriate box below)		☐ Independent Contractor/Honorarium (Amount \$)			
 □ New to University □ Previously Employed as Student As □ Change in Visa Status □ Tax Treaty Renewal 	sistant	☐ Scholarship/Fellowship☐ Other	(Amount <u>\$)</u> (Amount <u>\$)</u>		
Annual Salary \$		Department Name			
Position TitleCampus Address		Department Contact Person Department Phone Number			
The remainder of this form (both sides) is					
. Last or Family Name First		Middle	Mr., Mrs., Ms., Dr. (Circle One)		
2. Social Security # or ITIN #		3. Date of Birth	/		
U.S. Local Street Address		5. Foreign Residence Address			
Address Line 2	Address Line 2				
Address Line 3		_			
City					
State Zip Code					
Telephone Number ()					
E-Mail Address		_ ,			
6. Country of Citizenship		7. Country that issued	Passport		
8. Passport #		9. Visa # (not the control r	number)		
Date of Expiration					
10. Your Current U.S. Immigration Status:					
 □ U.S. Immigrant/Permanent Resident □ J-1 Exchange Visitor □ Temporary Resident 	□ F-1 Student□ H-1 Temporary Employee□ J-2 Spouse or Child of Exchang		□ WB (visa waiver for business)□ WT (visa waiver for Tourism)or □ Other		
11. If Immigration Status is J-1, What is the C	Category? Check O	Only One			
□ 01 Student □ 02 Short Term Scholar	□ 05 Professor □ 07 Alien Physician		☐ 12 Research Scholar☐ Other		
12. What is the Primary Purpose of your Curr	ent Stay in the U.S	S.? Check Only One			
 □ 01 Studying in a Degree Program □ 02 Studying in a Non-Degree Program □ 03 Teaching □ 04 Lecturing 	05 Observing06 Consulting07 Conducting Research08 Training		 09 Demonstrating Special Skills 10 Clinical Activities 11 Temporary Employment 12 Here with Spouse 		
13. What is the Actual Date you first entered the U.S. in your present immigration status?		art Date on your current rm (i.e., IAP-66, I-20, or cable)?	15. What is the Projected End Date of your present immigration status?		
// 	Month Day Year		// 		

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16. If Student, What Type?	17. If Married, is Spouse in U.S.?						
☐ Undergraduate ☐ Graduate ☐ Medical Student	☐ Yes ☐ No Number of other dependents here, excluding spouse?						
□ Post Graduate □ Medical Student	Number of other de	ependents nere, excludi	ng spouse?				
18. For Independent Contractors/Self-Employed Individuals: Do you/will you have an office (fixed base) in the U.S.?	19. Country of Tax Address:	Residence if Different f	rom Foreign Residence				
☐ Yes ☐ No If yes, how many days in this tax year did you/will	Did tax residency end? ☐ Yes ☐ No						
you have office (fixed base)?Days	If yes, when?//						
		IV	ionin Day fear				
Prior U.S. Immigration Activity*							
20. Please list all periods of stay in the U.S. during the last 5 calen	dar years and all F,	J, M, or Q visa periods	since Jan. 1, 1988:				
Date of Entry Date of Exit Visa Immigration Status to U.S. (F-1, J-1, H-1, etc)	J-1 Subtype (if J-1 status)	Purpose of Stay	Have You Taken Any Treaty Benefits?				
			□ Yes □ No				
			□ Yes □ No				
			- V N				
			-				
			□ Yes □ No				
			- V N				
			.,				
			_ □ Yes □ No				
Please attach separate sheet, if necessary.							
Please type form, if poss 1. Name. Print full name.	sible. Otherwise,	print neatly.					
2. Please clearly print your social security or ITIN (individual Tax Identification Number)							
 U.S. Local Street Address. List your local home address. Foreign Residence Address. List your permanent address abroad. (Must be provided for tax treaty exemption) 							
5. Visa #. List your U.S. visa number (not the control number). It is usually an eight digit number found below the expiration date.							
6. Actual Date of Entry, Start Date, and Projected End Date. Must include month, day, and year for all. Approximate if you are unsure.7. Consultants/Self-Employed Individuals. Check the appropriate box. This includes any office at any location specifically identifie							
with you. 8. Tax Residency. Tax residence is where you last paid taxes a	s a resident, and ca	an be different from lega	al residence. Do not include				
the U.S. address unless you have met the substantial presence test.							
 Please be certain that all questions are answered. <u>It is very important that you complete section twenty (20) before returning this form.</u> 							
10. Sign this form at the bottom as you would a business letter an	d write today's date.						
PLEASE RETU	RN THIS FORM TO) :					
New College of Florida							
5800 Bay Shore Road Sarasota, Florida 34243							
IMPORTANT – Attach to thi	s form the followin						
Passport Visa (Visa Waiver must attach to a I-94) Social Security Card and/or TIN (US Tax Identification		nd/or DS2019 (IAP66)	I-797 if any				
If your country has a tax treaty with the U.S., but you elect no	·	efits nlease initial her	<u> </u>				
I hereby certify that all of the above information is COMPLETE, TRUE, and CORRECT. I understand that if my status changes from that which I have indicated on this form, I must submit a new Foreign National Tax Information Form.							
Signature		Date					