

Smith College
FOREIGN NATIONAL INFORMATION FORM
For Faculty and Scholars

Please complete this form and return it promptly to the International Students & Scholars Office by post or electronically as an attachment. Please also include a copy of the photograph page in your current passport. We must receive these documents in order to issue visa application papers. Please complete as much of the information as you can, and leave unknown fields blank. Sign the form on the second page, and email the completed form to:

Rachel Siegel, Faculty Recruitment and Appointment Specialist
 Email - rsiegel@smith.edu
 Office of the Provost/ Dean of the Faculty
 College Hall 206F, Smith College
 Northampton, MA 01063 U.S.A.
 Tel- 413-585-3004 Fax- 413-585-3070

SPECIAL NOTE FOR J-1VISA HOLDERS CURRENTLY IN THE U.S. Visitors on J-1 visas **NOT** sponsored by Smith College **MUST** obtain written permission from the International Office of their sponsoring institution **PRIOR TO** receiving honoraria or any other type of compensation from Smith College.

Section A – General Information

1. Family Name _____ Middle Name _____ First Name _____
2. Date of Birth (mm/dd/yyyy) _____ Place of Birth (city/town & country) _____
3. Gender: _____ Female _____ Male
4. Country of Citizenship _____ Passport Number _____ Country of Residency _____
5. U.S. Social Security Number or U.S. Individual Taxpayer Identification Number (ITIN) (if you have one) _____
6. What is your current position or title at your work? _____
7. Source(s) and amount of outside funding for this trip (if any) _____
8. Source(s) and amount of self-funding available for this trip _____

- | | |
|--|---|
| <p>9. Foreign Mailing Address</p> <p>Line 1 _____
 Line 2 _____
 Line 3 _____
 City/Town _____
 Region/Province _____
 Country _____
 Zip code/Postal Code _____
 Telephone _____</p> | <p>U.S. Mailing Address (if you are presently in the U.S.)</p> <p>Line 1 _____
 Line 2 _____
 Line 3 _____
 City/Town _____
 State _____
 Zip/Postal Code _____
 Telephone _____</p> |
| 7. Email Address _____ | Email Address _____ |
| 8. Fax Number _____ | Fax Number _____ |
| 9. Planned date of entry _____ Accompanying dependents? Yes ___ No ___ If yes, please supply their personal information using section A, questions 1-5, and relationship (spouse or children) _____ | |

Section B – Visa type & immigration activity in the last six calendar years

10. Enter the history of your visits to the United States during the past 6 calendar years. **Note:** F and J *student visa* holders do not need to document short trips home during semester breaks or summer vacation.

Date of Entry	Date of Exit	Visa Type	Primary Purpose or Activity	Have you ever taken any Treaty Benefits?	
//_	_/_/_	_____	_____	Yes ___	No ___
//_	_/_/_	_____	_____	Yes ___	No ___
//_	_/_/_	_____	_____	Yes ___	No ___

___/___/___	___/___/___	_____	_____	___ Yes	___ No
___/___/___	___/___/___	_____	_____	___ Yes	___ No
___/___/___	___/___/___	_____	_____	___ Yes	___ No

Section C – Visa and Passport Information

11. Do you currently hold a U.S. Visa? ___ Yes ___ No If yes, Visa Type _____ Visa Number _____
12. If you currently have a **F, J, H, TN, O, L, P, A or G Visa** indicate the **sponsoring institution** listed on your immigration documents _____
13. Primary purpose/activity for your visit – select one:
 Lecture _____ Research _____ Other, please specify _____
 Teach _____ Consult _____

Section D – Post Entry to the United States (To be completed after your arrival)

14. What **was** the actual date you entered the United States on your current visa? _____/_____/_____
 Month Day Year
15. What is the **start** and **end** date of the primary purpose/activity indicated on your current DS2019 or I-20 immigration document?
Start Date: _____/_____/_____
 Month Day Year **End Date:** _____/_____/_____
 Month Day Year
16. Enter the history of your visits to the U.S. in order to determine residency status for **tax purposes only**. If you do not know your periods of tax residency, please leave blank. The Payroll Office will determine your tax status.

Date of Entry	Date of Exit	Visa Type	Primary Purpose or Activity	Have you ever taken any Treaty Benefits?	
___/___/___	___/___/___	_____	_____	___ Yes	___ No
___/___/___	___/___/___	_____	_____	___ Yes	___ No
___/___/___	___/___/___	_____	_____	___ Yes	___ No
___/___/___	___/___/___	_____	_____	___ Yes	___ No
___/___/___	___/___/___	_____	_____	___ Yes	___ No

_____ I AM A PERMANENT RESIDENT- Provide the alien number as shown on the front of your **Alien Registration Receipt Card**. (Permanent Resident Card) #A _____ and proceed to **Section E**.

_____ I AM A NON-RESIDENT ALIEN FOR TAX PURPOSES- I do not meet the requirements for **tax residency** in the United States. What is your country of “**tax residency**”? _____

Please attach a COPY of your I-94 Entry Record (can be downloaded at: <https://i94.cbp.dhs.gov>), a copy of your U.S Visa page from your passport, and a copy of your DS2019 or I-20.

Section E – Treaty Exemption Information – IRS Forms 8233

You must have a Social Security Number or Individual Taxpayer Identification Number to apply for a **tax treaty benefit**.

IRS Form 8233 is for non-resident aliens to claim exemption from withholding on compensation for Independent Personal Services and some Dependent Personal Services. The exemption must be based on a tax treaty to which the United States is a party. Part I of the form must be filled out completely. The Payroll Office will determine if the payee is eligible for the exemptions per IRS regulations and College administrative procedures. The Payroll Office will complete Part II of the form and apply for the exemption. A new application on Form 8233 must be submitted for each calendar year.

-----**Certification**-----

I certify that all of the above information is accurate and correct. I understand that if my “Passport and Visa Information” or “Residence Status for Tax Purposes” changes, I must submit a new “Foreign National Information Form” reflecting the changes.

Signature _____ Date _____ Revised: 10-24-2016