

The Foreign National Information Form must be completed **before you can receive any form of payment**. All applicable questions below must be answered. A copy of both sides of your I-94 Form "Arrival and Departure Record", a copy of your U.S. Visa from your passport and I-20, DS-2019 or I-797, if applicable, must be attached to this form. If you need assistance, please contact Payroll at 239-489-9342.

Foreign National Information Form and Substantial Presence Test													
Last Name/Family Name:						First Name/Given Name:							
U.S. Social Security Number (SSN):							OR; Individual Tax Payer ID (ITIN):						
If you do not have either number, have you applied?							If so, ple	ase indica	te type:	☐ SS	N 🔲	ITIN	
Immigration Status (Visa Class): F-1 F-2 J-1 J-2 H-1B Other													
First date of entry in your current status:													
I-20, DS-2019 or I-94 end date:							Country of Citizenship:						
United States Residential Address							Foreign Residential Address						
Line 1	_	Line 1											
Line 2	_	Line 2											
City/Town						City/Town							
State Zip						Region/Province							
US Telephone						Postal Code							
Email Address					-							_	
Please list any visits to the United States prior to your current status. If no visits, please check here:													
Year of Entry		T	Year of Exit Visa C			Primary Purpose of Visit							
real of Entry		rear or	71 EXITE VISU CIUSS		iuuu	Timilary Full pose of visit							
Please check the appropriate box (check only one box):													
l am a U.S. Permanent Resident.													
I am a non-student in J or Q status <u>and</u> I've been in the U.S. in this status for less that two of the past seven years .													
I am a student in F, J, M, or Q status <u>and</u> I've been in the U.S. in this status for less than five years .													
None of the above apply. If you check this box, please complete the Substantial Presence Test below.													
Substantial Presence Test - Complete this section only if you checked the last box above ("None of the above apply")											")		
Year	Year Visa Class		Date of Entry to US		Date of De	eparture	Total Number of Days in US		X 1.00 =		1		
											.333 =		
										X			
	<u>l</u>				<u> </u>		<u> </u>			^	TOTAL		
			Tax Tre	aty Exempt	ion Informa	tion/IRS For	m 8233				TOTAL		
You must h	nave a Socia	l Security Ni						apply for t	ax treaty h	enefits			
You must have a Social Security Number or Individual Taxpayer Identification Number to apply for tax treaty benefits.													
If you are a non-resident alien and believe you may qualify for a tax treaty exemption, you must complete IRS Form 8233.													
This form was provided to you with the Foreign National Information Form. Form 8233 should be completed by non-													
resident aliens who wish to claim exemption from withholding compensation based on a tax treaty which the Unites States													
is party. An updated "Foreign National Information Form" must be submitted each calendar year to determine eligibility.													
I have completed and attached IRS Form 8233 necessart to claim a tax treaty exemption.													
If your country has a tax treaty with the U.S., but you elect NOT to use these benefits, please initial here:													
Certification													
I hereby certify, under the penalties of perjury, that the information provided on this form is true and correct to the best of													
my knowledge. In addition, I agree to notify Payroll immediately if any of the information I provided on this form changes.													
If I fail to do so, I understand that Payroll will begin withholding taxes in accordance with the IRS procedures.													
Signature:			,					-	ite:			_	
Please return form(s) and supporting documentation to the Payroll Department at FSW, Payroll N-101													
		eturn form(s College Park		_		ne Payroll D) 489-9342 <i>p</i>			9-9042 <i>fax</i>	JΙ			