

Auburn University

Alien Tax Information Form

All applicable questions below must be answered. A copy of your I-94, US visa, picture page in passport and I-20, DS-2019, EAD or I-797 must be attached to this form. This form must be returned before any check can be issued by Auburn University.

1. Last or Family Name _____		First _____	Middle _____	Mr. _____	Mrs. _____	Ms. _____	Dr. _____
2. Social Security # or ITIN # (if non leave blank) _____				3. Date of Birth _____ <div style="text-align: right; font-size: small;"> _____ Month Day Year </div>			
4. U.S. Local Street Address _____ Address Line 2 _____ Address Line 3 _____ City _____ State _____ Zip Code _____ E-mail _____				5. Foreign Residence Address _____ Address Line 2 _____ City _____ Postal Code _____ Province/Region _____ Province/Region Postal Code _____ Country _____			
6. Country of Citizenship _____				7. Country that issued Passport _____			
8. Passport # and Expiration Date _____							
9. Your Current U.S. Immigration Status: If you mark U.S. Immigrant/Permanent Resident Stop Here. Sign and date page 2. <div style="display: flex; justify-content: space-between;"> <div> U.S. Immigrant/Permanent Resident J-1 Exchange Visitor </div> <div> F-1 Student H-1 Temporary Employee </div> <div> J-2 Spouse or Child of Exchange Visitor Other _____ </div> </div>							
10. If Immigration Status is J-1, what is the Category? <u>Check Only One</u> <div style="display: flex; justify-content: space-between;"> <div> 01 Student 02 Short Term Scholar </div> <div> 05 Professor 07 Alien Physician </div> <div> 12 Research Scholar Other _____ </div> </div>							
11. What is the Primary Purpose of your Current Stay in the U.S.? <u>Check Only One</u> <div style="display: flex; justify-content: space-between;"> <div> 01 Studying in a Degree Program 02 Studying in a Non-Degree Program 03 Teaching 04 Lecturing </div> <div> 05 Observing 06 Consulting 07 Conducting Research 08 Training </div> <div> 09 Demonstrating Special Skills 10 Clinical Activities 11 Temporary Employment 12 Here with Spouse </div> </div>							
12. What is the Actual Date you first entered the U.S. in your present immigration status? <div style="text-align: right; font-size: small;"> _____ Month Day Year </div>		13. What is the Start Date on your current immigration form (i.e, DS-2019, I-20, or I-797, as applicable)? <div style="text-align: right; font-size: small;"> _____ Month Day Year </div>		14. What is the End Date of your present work authorization? <div style="text-align: right; font-size: small;"> _____ Month Day Year </div>			

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15. If Student, What Type? <div style="display: flex; justify-content: space-around;"> Undergraduate Graduate </div> <div style="display: flex; justify-content: space-around;"> Post Graduate Medical Student </div>	16. If Married, is Spouse in U.S.? <div style="display: flex; justify-content: space-around;"> Yes No </div> Number of other dependents here, excluding spouse? _____
17. For Independent Contractors/Self-Employed Individuals: Do you/will you have an office (fixed base) in the U.S.? <div style="display: flex; justify-content: space-around;"> Yes No </div> If yes, how many days in this tax year did you/will you have office (fixed base)? _____ Days	18. Country of Tax Residence if Different from Foreign Residence Address (See "Questions" Below - # 6) _____ Did tax residency end? Yes No If yes, when? _____ <div style="display: flex; justify-content: flex-end; font-size: small;"> Month Day Year </div>

Prior U.S. Immigration Activity

19. Please list all periods of stay in the U.S. during the last 3 calendar years and all F, J, M, or Q visa visits since Jan. 1, 1986:						
Date of Entry to U.S.	Date of Exit from U.S.	Visa Immigration Status	J-1 Subtype (if J-1 status)	Purpose of Stay	Have You Taken Any Treaty Benefits?	
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No

Please attach separate sheet, if necessary.

QUESTIONS...

1. Name. Print full name.
2. U.S. Local Street Address. List your local home address. If unknown, list address of your Auburn University Department.
3. Foreign Residence Address. List your permanent address abroad.
4. Actual Date of Entry, Start Date, and Projected End Date. Must include month, day, and year for all. Approximate if you are unsure.
5. Consultants/Self-Employed Individuals. Check the appropriate box. This includes any office at any location specifically identified with you.
6. Tax Residency. Tax residence is where you last paid taxes as a resident, and can be different from legal residence. Do not include the U.S. unless you have met the substantial presence test.
7. Please be certain that all questions are answered.
8. Sign this form at the bottom as you would a business letter and write today's date.

PLEASE RETURN THIS FORM TO:

Tax Compliance
218 Ingram Hall
nratax1@auburn.edu

If your country has a tax treaty with the U.S., but you elect not to use these benefits, please initial here. _____

I hereby certify that all of the above information is COMPLETE, TRUE, and CORRECT. I understand that if I apply for a change in status from that which I have indicated on this form, I must submit a new Alien Tax Information Form.

Signature _____

Date _____