

## STUDENT PAYROLL TAX RESIDENCY INFORMATION FORM

To be filled out by student employees who indicate on the FD-101 that they are either alien authorized to work until xx/xx/xx".

Notice: The following information is requested to determine and document your resident or nonresident status for tax purposes and any tax treaty benefits you may be eligible to receive. This is NOT an Internal Revenue Service (IRS) nor is it a United States Citizenship and Immigration Services (USCIS) form. You are not legally required to fill out this questionnaire, but if you do not do so, the institution will be unable to

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	Institution	Department(s)
	Title of position(s) held:	
Change of Status Date _____ Previous Status _____		

B:

**C: PRIOR VISIT INFORMATION** In chronological order, list every F, J, M or Q student or non student visa visit to the U.S. in your life, include visits under dependent versions of those visas. Also list those visits under other visa types that occurred in the past 3 year period that includes the current year, but do not include your current visit

Year	Visa Type/Immigration Status	Total Number of Days in the US during Year under Visa Type	Purpose of Visit

**D: CERTIFICATION**

I hereby certify that all of the above information is true and correct. Understand that if my immigration status changes from that which I have indicated on this form, I must prepare and submit a new Tax Residency Information Form to the Student Payroll office at my institution.

Date \_\_\_\_\_ Signature \_\_\_\_\_ 8 V H ) L O O 6 L J Q L Q \$ G R E H

To be completed by withholding agent

**E: TAX RESIDENCY CALCULATION**

**F: RESIDENCY STARTING DATE** : January 1<sup>st</sup>, \_\_\_\_\_ (Tax Residency Start Year)

Future date, assuming no change in immigration data, when the institution would begin to tax employee as a resident alien. First day of presence in the U.S. during the calendar year in which the individual meets the substantial presence test.

**G: WITHHOLDING AGENT INFORMATION**

Date \_\_\_\_\_ Signature \_\_\_\_\_ 8 V H ) L O O 6 L J Q L Q \$ G R E H

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Name (print please) \_\_\_\_\_