



# University of Florida

## Foreign National Tax Information Form (cont.)

The Foreign National Tax Information Form must be completed before you can receive any form of payment.

<p>16. If Student, What Type?</p> <p><input type="checkbox"/> Undergraduate                      <input type="checkbox"/> Graduate</p> <p><input type="checkbox"/> Post Graduate                         <input type="checkbox"/> Medical Student</p>	<p>17. <input type="checkbox"/> Single                      <input type="checkbox"/> Married</p> <p>If Married, is Spouse in U.S.?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Number of other dependents here excluding spouse: _____</p>
<p>18. For Independent Contractors/Self-Employed Individuals:</p> <p>Do you/will you have an office (fixed base) in the U.S.?</p> <p><input type="checkbox"/> Yes            <input type="checkbox"/> No</p> <p>If Yes, how many days in this tax year did you/will you have an office (fixed base)? _____ Days</p>	<p>19. Country of Tax Residence if Different from Foreign Residence Address:</p> <p>Did tax residency end?            <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If Yes, when?                      _____ / _____ / _____</p> <p style="text-align: center;">Month            Day            Year</p>

Prior U.S. Immigration Activity

20. Please list all travel into the U.S. (Month-day-year Required):

Date of Entry to U.S.	Date of Exit from U.S.	Visa Immigration Status	VISA Number	Purpose of Stay	Have You Taken Any Treaty Benefits?
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach separate sheet, if necessary.

### QUESTIONS ...

Please type form, if possible. Otherwise, print neatly.

1. **Name. Print full name.**
2. **U.S. Local Street Address. List your local home address. If unknown, list address of your UF employer.**
3. **Foreign Residence Address. List your permanent address abroad. (Must be provided for tax treaty exemption)**
4. **Visa #. List your U.S. visa number (not the control number). It is usually an eight digit number found below the expiration date.**
5. **Actual Date of Entry, Start Date, and Projected End Date. Must include month, day, and year for all. Approximate if you are unsure.**
6. **Consultants/Self-Employed Individuals. Check the appropriate box. This includes any office at any location specifically identified with you.**
7. **Tax Residency. Tax residency 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.**
8. **Please be certain that all questions are answered.**
9. **Sign this form at the bottom as you would a business letter and write today's date.**

**PLEASE RETURN THIS FORM TO:**  
**University Tax Services**  
**24 Tigert Hall, P.O. Box 113203**

**Note: The tax forms returned by University Tax Services should be completed, signed, and forwarded to the appropriate personnel office.**

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 my status changes from that which I have indicated on this form, I must submit a new Foreign National Tax Information Form.

Signature \_\_\_\_\_ Date \_\_\_\_\_