

University of Dayton
Nonresident Alien Information Form

The information provided on this form will be used for tax withholding and reporting purposes only. Copies of your U.S. visa from your passport, I-94 Form, Form Ds-2019 and I-20 must be attached to this form.

Name _____
Last First Middle

U.S. Social Security Number _____ - _____ - _____ or ITIN Number _____ - _____ - _____

Local Address _____

City State Zip

Local Telephone Number (_____) _____ - _____

Country of citizenship _____

Country of foreign residence (not the United States) _____

Foreign Address _____

City _____ Province/Region _____

Postal Code _____ Country _____

Have you been granted permanent residency in the U.S. (Green Card)?

Yes _____ No _____

Current Visa Type _____ Visa Primary Purpose _____

As listed on I-20, DS-2019, or I-94

Date of Issuance _____

Date of arrival to the United States with this visa type _____

Estimated or actual date of departure with this visa type _____

University Class ----- Employee _____ Student _____ Visitor _____

Which Department? _____

Prior Visa Information:

Have you had any other Visa type before? Yes _____ No _____

Prior Visa Type	Visa Primary Purpose	Date of Entry	Date of Departure	Were treaty benefits taken?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that the above information is complete and accurate.

Signature _____ Date _____

Please return this form, with copies of your documentation, to the Office of the Internal Auditor, St. Mary's Hall Rm. 300, University of Dayton, 300 College Park, Dayton, OH 45469-1640

FOR UNIVERSITY OFFICE USE ONLY

Substantial Presence Test

	YEAR	NUMBER OF DAYS IN U.S.		CALCULATION
Current Year	_____	_____	X 1 =	_____
1 st Preceding Year	_____	_____	X 1/3 =	_____
2 nd Preceding Year	_____	_____	X 1/6 =	_____
			Total Days of Presence	_____

Residency Status _____ Change Date _____

Tax Rate _____ Tax Treaty _____

Completed Information Form _____ With Copies _____

Completed W-4 _____ Completed 8233 _____

FICA Eligibility _____