

**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 or 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 Assistant Treasurer and Tax Manager's Office, St. Mary's Hall Rm. 300, University of Dayton, 300 College Park, Dayton, OH 45469-1640

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**FOR UNIVERSITY OFFICE USE ONLY**

Substantial Presence Test

|                                | YEAR  | NUMBER OF DAYS IN U.S. |                        | CALCULATION |
|--------------------------------|-------|------------------------|------------------------|-------------|
| Current Year                   | _____ | _____                  | X 1 =                  | _____       |
| 1 <sup>st</sup> Preceding Year | _____ | _____                  | X 1/3 =                | _____       |
| 2 <sup>nd</sup> 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 \_\_\_\_\_