

**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, 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

Email \_\_\_\_\_

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 your Form I-20 or DS-2019

Date of Issuance \_\_\_\_\_

Date of arrival to the United States with this visa \_\_\_\_\_

Estimated or actual date of departure with this visa \_\_\_\_\_

University Class ----- Employee \_\_\_\_\_ Student \_\_\_\_\_ Visitor \_\_\_\_\_

Which Department? \_\_\_\_\_

**Prior Visa Information:**

Have you had any other Visa(s) 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 & Tax Manager, St. Mary's Hall Rm. 405, University of Dayton, 300 College Park, Dayton, OH 45469-1665

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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 \_\_\_\_\_