

**TUFTS UNIVERSITY**  
**FOREIGN NATIONAL DATA FORM**

**The Foreign National Data Form must be completed before you can receive any form of payment.** A copy of both sides of your I-94 Form "Arrival and Departure Record", your U.S. VISA from your passport, the picture page from your passport, and an I-20, DS-2019, or I-797 form must be submitted along with this form.

Last (Family) Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security Number or Individual Taxpayer Identification Number: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Tufts ID: \_\_\_\_\_ Date of transfer to Tufts (if applicable): \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Date of very first 1<sup>st</sup> arrival in the United States (US) and Visa Type:** \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country That Issued Passport: \_\_\_\_\_

Passport #: \_\_\_\_\_ Passport Expiration Date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ VISA #: \_\_\_\_\_

**U.S. LOCAL ADDRESS:**

**FOREIGN RESIDENCE ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Zip: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

Country of Tax Residence if Different From Foreign Residence Address: \_\_\_\_\_

Did tax residency end?  Yes  No If Yes, when (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**INCOME PROVIDING ACTIVITY:** (What is your occupation or generally describe the service you will perform): \_\_\_\_\_

**FOR CONSULTANTS OR SELF-EMPLOYED INDIVIDUALS:**

Do you or will you have an office (fixed base) in the United States? Yes  No

If Yes, how many days in this tax year did you/will you have an office (fixed base)? \_\_\_\_\_ days.

**CURRENT IMMIGRATION STATUS:**

- U.S. Immigrant/Permanent Resident
- H-1B Temporary Visitor
- Other \_\_\_\_\_

- J-1 Exchange Visitor
- J-2 Dependent of Exchange Visitor

- F-1 Student
- OPT or  CPT

What is the Start Date of This Immigration Status (Issue date of visa) mm/dd/yy? \_\_\_\_/\_\_\_\_/\_\_\_\_

**IF F-1 VISA STATUS WHAT IS STUDENT TYPE? CHECK ONE:**

- Undergraduate
- Other \_\_\_\_\_

- Masters
- Not Applicable

- Doctoral

**IF J-1/J-2 VISA STATUS, WHAT IS THE SUBTYPE? CHECK ONE:**

- Student
- Short Term Scholar

- Professor
- Other \_\_\_\_\_

- Research Scholar

**WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? CHECK ONE:**

- 01 Studying in a degree program
- 02 Studying in a non-degree program
- 03 Teaching
- 04 Lecturing

- 05 Observing
- 06 Consulting
- 07 Conducting Research
- 08 Training

- 09 Demonstrating Special Skills
- 11 Temporary Employee
- 12 Here with Spouse

What is the actual date you entered the United States for this primary activity (mm/dd/yy)? \_\_\_\_/\_\_\_\_/\_\_\_\_

What is the end date of your immigration status' primary activity (mm/dd/yy)? \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM WITH YOUR VISA HISTORY AND SIGNATURE**

PLEASE LIST ALL F, J, M, Q OR H VISA IMMIGRATION ACTIVITY SINCE 1/1/1985

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Have you taken any tax 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

Have you taken tax treaty benefits in the current year from a former employer?  Yes  No

If you answered "Yes" to the above, what were your gross earnings from the former employer? \_\_\_\_\_

PLEASE LIST ALL OTHER VISA IMMIGRATION ACTIVITY IN LAST THREE (3) CALENDAR YEARS

____/____/____	____/____/____	_____	_____	_____	<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

I hereby certify that all of the information on this form is 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 Data Form to the HR Service Center.

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please e-mail, fax or mail completed form to: HR Service Center, 200 Boston Ave, Suite 1750, Medford, MA, 02155

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