



New Rehire Annual Update Change in Visa Status

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

All applicable questions below must be answered. A copy of both sides of your I-94 Form "Arrival and Departure Record", (a small white card inside your passport), copy of Passport pages showing name, number and photo, copy of U.S. VISA, and Form I-20, DS-2019, or I-797 must be attached to this form.

(1) Last or Family Name: _____ First: _____ Middle: _____

(2) Social Security or ITIN #: _____

(3) Local Telephone #: _____ Email Address: _____

(4) U. S. LOCAL ADDRESS: _____

(4) Address Line 2: _____
(4) Address Line 3: _____
(4) City: _____
(4) State: _____ Zip: _____

(5) FOREIGN RESIDENCE ADDRESS: _____

(5) Address Line 2: _____
(5) Address Line 3/City: _____
(5) Postal Code: _____ Province/Region: _____
(5) Foreign Country: _____

(6) Country of Citizenship: _____ (7) Country That Issued Passport: _____

(8) Passport #: _____ (9) USA Visa # (RED NUMBER): _____

(10) Have you ever had another immigration status in the United States? Yes No (If yes, complete Q# 23 on page 2)

(11) MY CURRENT IMMIGRATION STATUS IS: F-1 Student F-1 Student (on OPT or CPT)
 U.S. Immigrant/Permanent Resident WB/WT Visa Waiver B-1 Business/B-2 Tourist Visa
 J-1 Exchange Visitor (If yes, do step 13.) H-1B Temporary Employee E-3 Visa
 J-2 Spouse or Child of Exchange Visitor O-1 Visa Individual Other: _____

(12) WHAT IS THE PRIMARY ACTIVITY OF THIS VISIT? CHECK ONLY ONE:
 01 Studying in a Degree Program 06 Consulting 11 Temporary Employee
 02 Studying in a Non-Degree Program 07 Conducting Research 12 Here with Spouse
 03 Teaching 08 Training 13 Other: _____
 04 Lecturing 09 Demonstrating Special Skills
 05 Observing 10 Clinical Activities

(13) IF A J-1 VISA IMMIGRATION STATUS, WHAT IS THE SUBTYPE? CHECK ONLY ONE:
 01 Student 02 Short Term Scholar 05 Professor 12 Research Scholar Other: _____

(14) WHAT IS THE ACTUAL DATE YOU FIRST ENTERED THE UNITED STATES? (VERY FIRST DATE, ANY STATUS)
____/____/____
Month Day Year

(15 & 16) WHAT IS THE START AND END DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY (AS NOTED ON FORMS I-20, I-94, DS-2019, OR I-797)?
(15) START DATE: ____/____/____ (16) END DATE: ____/____/____
Month Day Year Month Day Year

(17) U.S. INCOME ACTIVITY PAYING YOU (WHAT IS YOUR OCCUPATION OR DESCRIBE THE SERVICE YOU WILL PERFORM):

Have you worked on campus before? Yes No Do you currently have another job(s) on campus? Yes No
(If Yes, LIST below (a) job title, (b) name of the department and employer (Foundation, ASI, or CSUF) (c) hours work, and (d) start date)

(18) IF STUDENT, WHAT TYPE?: Undergraduate Masters Doctoral
(19) MARTIAL STATUS: Married? Yes No Is your spouse in the U.S.: Yes No NUMBER OF DEPENDENTS IN U,S _____
(20) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS:
Do you/will you have an office (fixed base) in the USA? Yes No If yes, how many days in this tax year)? _____ Days
(21) COUNTRY OF TAX RESIDENCE (If different from country noted in foreign address above): _____
Did your tax residency end prior to this visit in the U.S.? Yes No If YES, what date? ____/____/____ (Month/Day/Year)

FOREIGN NATIONAL INFORMATION FORM (PAGE 2)

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(22) HAVE YOU ATTENDED ANOTHER U.S. EDUCATIONAL INSTITUTION? Yes No

If yes, list name of ALL institutions _____ Period of attendance _____

(23) COMPLETE ONLY IF YOU HAVE BEEN IN THE U.S. UNDER ANOTHER IMMIGRATION STATUS. PLEASE LIST ANY U.S. VISA IMMIGRATION ACTIVITY IN THE LAST 3 CALENDAR YEARS AND ALL F, J, M OR Q VISAS SINCE 1/1/92. INCLUDE STATUS CHANGE DATES IF YOU REMAINED IN THE U.S. WHILE CHANGING STATUS.

Date of Entry To U.S.	Date of Exit from U.S.	Visa Immigration Status	J-1 Subtype (If J-1 status)	Primary Activity (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

(24) WHAT IS YOUR RELATIONSHIP WITH CSU FULLERTON? (CHECK ALL THAT APPLY)

Faculty/Staff Employee Student/Student Employee Guest Speaker/Consultant Visiting Professor On-campus Interviewee

(25) OTHER INFORMATION Is this payment an award/prize? Yes No Is this An honorarium payment? Yes No

Are you the recipient of a grant (i.e. a non-service scholarship or fellowship)? Yes No Is this a royalty payment? Yes No

Have you submitted an application to become a lawful permanent resident of the U.S.? Yes No

I hereby certify that all of the above information (both pages) 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 Information Form" reflecting the changes.

Signature: _____ Date: _____

Notification: Payments to Non-U.S. citizens for services performed in the U.S. are subject to federal and state withholding taxes. If you qualify for Federal tax treaty exemption, the applicable treaty form is signed and dated by you and the University Tax Compliance Manager (TCM). A Social Security Number and approved IRS forms are required if you qualify for Federal tax treaty benefits.

INSTRUCTIONS FOR THE FOREIGN NATIONAL INFORMATION FORM:

1. Name: Give full name listed or to be listed on your Social Security card.
2. Social Security Number: Enter US social security number issued by the US Social Security Administration not your campus ID number. All employees must have a social security number in order to work. If none enter your ITIN issued by the IRS.
3. Local Telephone Number & Email Address: List your telephone number and email address.
4. Local U.S. Address: List your local U.S. address.
5. Foreign Residence Address: List your non-U.S. address. This is the address where you resided before you entered the U.S.
6. Country of Citizenship(s): List your country of citizenship.
7. Country that Issued Passport: List Country which issued your passport. Not the country where it was issued or obtained.
8. Passport #: Enter your current passport number.
9. Visa #: Enter your U.S. Visa number. This is the red eight-digit number located on the bottom right corner of U.S. visa document.
10. Previous Immigration Status: Check yes or no. If yes, complete the Section 23.
11. Current Immigration Status: Check the type of immigration status that you currently hold. If you check U.S. Immigrant/Permanent Resident, holder of a "green" card, you may proceed to the bottom of the form. Sign and date.
12. Immigration Status (Only J-1 Visa): Check J-1 subtype on DS-2019.
13. Primary Activity of visit: Check the one primary activity you're in the U.S. for.
14. Actual Entry Date into the United States: Must include month, day, and year. Approximate if you do not know.
15. Start Date: Must include month, day, and year. Approximate if you do not know.
16. End Date: Must include month, day, and year. Approximate if you do not know.
17. Occupation: State occupation or describe in general the service you will perform. State if you are currently working on campus.
18. Student Status: If current student, check the appropriate box
19. Martial Status: Check the appropriate boxes, Give number of other dependents in the USA.
20. Consultants/Self-employed Individuals Only: Check the appropriate box. This includes any office at any location.
21. Tax Residence: State if where you last paid taxes as a resident different from legal residence. Do not include the USA.
22. Educational Institutions: State name and date range of any U.S. educational institutions or academies attended.
23. Please list all travel into the U.S., visa immigration statuses, J-1 subtype, primary activity, and if any tax treaty benefits were taken.
24. & 25. State your relationship with the University and check boxes for other questions.

Please Return Completed Form To: **University Tax Compliance Manager
California State University, Fullerton
P.O. BOX 6808, Fullerton, CA 92834**