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

16. If Student, What Type?	17. If Married, is Spouse in U.S.?
❑ Undergraduate ❑ Graduate ❑ Post Graduate ❑ Medical Student	❑ Yes ❑ No Number of other dependents here, excluding spouse? _____
18. For Independent Contractors/Self-Employed Individuals: Do you/will you have an office (fixed base) in the U.S.? ❑ Yes ❑ No If yes, how many days in this tax year did you/will you have office (fixed base)?_____Days	19. Country of Tax Residence if Different from Foreign Residence Address: Did tax residency end? ❑ Yes ❑ No If yes, when? _____/_____/_____ (Month / Day / Year)

Prior U.S. Immigration Activity

20. Please list all periods of stay in the U.S. during the last 3 calendar years and all F, J, or H visa periods since Jan. 1, 1988:

Date of Entry to U.S.	Date of Exit from U.S.	Visa Immigration Status	J-1 Subtype (if J-1 status)	Purpose of Stay	Have You Taken Any Treaty Benefits?	
___/___/___	___/___/___	_____	_____	_____	o Yes	o No
___/___/___	___/___/___	_____	_____	_____	o Yes	o No
___/___/___	___/___/___	_____	_____	_____	o Yes	o No
___/___/___	___/___/___	_____	_____	_____	o Yes	o No
___/___/___	___/___/___	_____	_____	_____	o Yes	o No
___/___/___	___/___/___	_____	_____	_____	o Yes	o No

Please attach separate sheet, if necessary.

Please type form, if possible. Otherwise, print neatly.

PLEASE RETURN THIS FORM TO:
Payroll Tax Office
3451 Walnut St Room 310, Philadelphia, PA 19104

I hereby certify that all of the above information 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.

Signature _____ Date _____