

Describe the activity that will result in U.S. income (i.e. professor of physics, consulting, teaching assistant, food service worker, scholarships, contest prize, etc.) _____

Name of UNCG department providing the income _____ ***Amount:** _____

Payment Type: Wages Scholarship Honorarium Other _____

*For Wages the amount should be the estimated annual income (Calendar Year).

TAX EXEMPTIONS INFORMATION

Is your spouse in the U.S.? Yes No **Is your spouse employed?** Yes No

Do you want to claim an exemption for your spouse if legally allowed to do so? Yes No

Do you have other dependents in the U.S. you would like to claim exemptions for? Yes No **If Yes, how many?** _____

RESIDENCY VERIFICATION

What country did you live in before this visit to the U.S.? _____

Did you pay taxes as a resident of that country? Yes No

Did your tax residency in that country end prior to this visit to the U.S.? Yes No **If Yes, when?** _____ (mm/dd/yy)

U.S. IMMIGRATION HISTORY

Have you ever been present in the United States before this visit? Yes No **If Yes, when?** _____ (mm/dd/yy)

Previous Visa: _____

Have you ever had another immigration status in the United States? Yes No **If Yes, when?** _____ (mm/dd/yy)

Previous Visa: _____

Have you ever changed your Immigration Status after entering the United States? Yes No **Yes, when?** _____

Previous Visa: _____

Visa: _____

1. Please list all **F, J, M, or Q** visa immigration activity since **January 1, 1985**.
2. Please list all other visa immigration activity only for the **past three calendar years**.

| Date of Entry (month/day/year) | Date of US Exit (month/day/year) | Visa/Immigration Status | J-1 Subtype Exchange Visitor Category Box 4 (Form DS-2019) | Primary Activity | 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 |

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on the form I must submit a new Foreign Visitor Information Form.

Signature _____

_____ Date (mm/dd/yy)

Print Name _____

CONSENT AND AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize The University of North Carolina at Greensboro to:

1. Access my Custom & Border I-94 Record to obtain Travel Information.
2. Release information contained on the Foreign Visitor Information Form to Thomas Reuters Corporation for the following purpose:
Technical software support for THE INTERNATIONAL TAX NAVIGATOR SYSTEM.

Signature _____

_____ Date (mm/dd/yy)

Print Name _____