



FOREIGN NATIONAL INFORMATION FORM (PAGE 1)

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 your U.S. VISA from your passport, and 1-20 or DS2019 (if applicable) must be attached to this form. This form must be returned before any check can be issued by the Payroll or Accounts Payable Department and must also be completed by anyone receiving tuition remission/scholarship.

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

(2) Social Security or ITIN #: _____ (3) Local Telephone #: _____

(4) U. S. LOCAL STREET 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 #: _____ (8a.) Date of issue: _____ (8b.) Expiration date: _____

(9) Visa #: _____ (9a.) Date of issue: _____ (9b.) Expiration date: _____
(not the control number that begins with a year)

(10) Have you ever had another immigration status in the United States? o Yes. o No. If yes, see page 2.

(11) IMMIGRATION STATUS:
o U.S. Immigrant/Permanent Resident o F-1 Student o J-2 Spouse or Child of Exchange Visitor
o J-1 Exchange Visitor o H-1 Temporary Employee
o Other: _____

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

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

(14) WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES?:
FOR THIS PRIMARY ACTIVITY?:
____/____/____
Month Day Year

(15) WHAT IS THE EFFECTIVE DATE OF YOUR CURRENT WORK AUTHORIZATION?:
____/____/____
Month Day Year

(16) WHAT IS THE END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY?:
____/____/____
Month Day Year

(17) INCOME PROVIDING ACTIVITY (e.g. PROFESSOR OF CHEMISTRY)?: _____

(18) WHAT TYPE STUDENT?:
o Undergraduate o Masters o Doctoral o Other _____

(19) SPOUSE IN USA?:
o Yes o No Number of dependents _____

FOREIGN NATIONAL INFORMATION FORM (PAGE 2)

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(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 did you/will you have office (fixed base)? _____ Days

(21) COUNTRY OF RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS:

Did tax residency end? Yes No If yes, when? ___/___/___
Month Day Year

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

If yes, name of institution _____ Period of attendance _____

(23) PLEASE LIST ANY VISA IMMIGRATION ACTIVITY IN LAST THREE CALENDAR YEARS AND ALL F,J,M OR Q VISAS SINCE 1/1/85:

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Have You Taken Any Treaty Benefits
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No

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

Employee Full time Student Guest Speaker/Consultant

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 this form I must submit a new Foreign National Information Form to the Payroll Department.

Signature: _____ Date: _____

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM:

- Name: List full name.
- Social Security Number: Enter US social security number issued by the US Social Security Administration not your ID number. Do not list numbers not assigned by the United States Social Security, i.e. Canadian social security number. All employees must have a social security number, or must apply for a number, in order to work. If none enter your ITIN issued by the IRS.
- Local Telephone Number: List your telephone number.
- Local Street Address: List your local US address.
- Residence: List your non US address.
- Country of Citizenship(s)
- Country that Issued Passport: List Country in which you were issued your passport. Not the country where it was issued.
- Passport #: Enter your passport number. 8a. Enter the date it was issued 8b. Enter the date it expires
- Visa #: Enter your Visa number. 9a. Enter the date it was issued 9b. Enter the date it expires
- Immigration Status: Check yes or no. If yes, complete the above form for the time you were present in the United States. Approximate if you do not know.
- 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.
- Immigration Status for J-1: Check the appropriate J-1 subtype.
- Actual Primary Activity: Check one activity.
- Actual Entry Date into the United States: Must include month, day, and year. Approximate if you do not know.
- Effective date you became authorized to work.
- End Date: Must include month, day, and year. Approximate if you do not know.
- Occupation: Describe in general the service you will perform.
- Check the appropriate box.
- Is your spouse in USA?: Check the appropriate box. Give number of other dependents in the USA?
- Consultants/Self-employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you.
- Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.
- List all other educational institutions attended.
- List all other prior visits to the U.S. and visa types.

Please Return Form To:

Raquel Bazan
California State University
Office of Financial Management
1250 Bellflower Blvd.
Long Beach, CA 90840

Telephone Number: (562) 985-7188