New Hire Packet for Foreign National Students

Note: US Citizens and Permanent Residents should complete Section 1 and submit all appropriate and acceptable documents to UNCC Human Resources (King 222)

It is federally mandated that you provide proof of employment eligibility to work and be paid by UNC Charlotte. Failure to abide by these requirements will delay your paycheck or result in the termination of your employment. Once you have been offered a job on campus, you must:

Complete Section 1 of I-9 process

1. Register for an ISSO I-9 session
2. Complete Section 1 of the I-9 form online (print receipt)
3. Attend International Student Scholar Office (ISSO) I-9 Walk-in or Group session. Bring:
   - Printed I-9 receipt
   - Valid / Current passport
   - Visa, If Visa is in an old Passport, bring both passports
   - I-20
   - Most recent I-94 card or print out. Please visit https://i94.cbp.dhs.gov to retrieve and print out the I-94 form – hard copy required at the session, no exceptions.
   - Complete and submit the Student New Hire packet to Human Resources (King 222)

To complete Section 2 of I-9 process

ISSO I-9 Procedure: To accommodate the large number of foreign nationals who are offered employment by UNC Charlotte, the ISSO offers Employment Eligibility Workshops (I-9) at various times during the academic year. These are posted on the ISSO calendar and communicated via email. The ISSO also has walk-in I-9 sessions on Wednesday mornings from 10am-Noon on weeks during which we do not offer I-9 sessions. At the start of the Fall, Spring, and Summer semesters newly hired students, faculty and staff will attend an I-9 Information Session. If you are hired outside of the I-9 Information Session period, please follow the steps outlined under 'Steps to Hire a Foreign National Employee'. Register for either a workshop or a walk-in session through this Google Form at least two business days prior to the session.
Forms to be completed:

- On-Campus Employment Eligibility for Foreign Nationals
- Form W-4 - Employee’s Withholding Allowance Certificate (Tax office will assist)
- NC-4 NRA - Nonresident Alien Employee’s Withholding Allowance Certificate (Tax office will assist)
- Personnel Profile
- Military selective Service Compliance - (bottom of Personnel Profile)
- Emergency Notification Information
- Patent Agreement
- Confidentiality and Expectations Agreement for Student Employees
- Foreign National Information Form

On-campus Employment Eligibility Form for Foreign Nationals

This form is to verify employment eligibility for foreign nationals based on their immigration status. You may locate the form at www.issouunc.edu. Print, complete and submit it to ISSO with your ORIGINAL immigration documents (valid passport, I-20, DS-2019, I-797 and I-94 number). Go to https://i94.cbp.dhs.gov to retrieve your I-94 number. Please note that you CANNOT complete this process via email or over the phone. ISSO is located at the College of Health and Human Services building (CHHS Room 202) during walk-in advisement time.

Tax Forms W-4 and NC – 4

The W-4 form tells Payroll how much federal income tax to withhold from your paycheck. The NC-4 form tells Payroll how much state income tax to withhold from your paycheck.

As a Foreign National employee/student, you may be eligible for tax treaty benefits. You also may be able to take advantage of exemptions from Social Security and Medicare taxes. The Tax Office will assess each foreign national individual in order to make this determination.

Please contact the tax office to schedule an appointment to complete both the W-4 and NC-4, prior to your first day of employment and your visit to Human Resources.

Tax Office Contact Information: Located on the 3rd floor of the Reese Building
- Lisa Hall, Tax Accountant, Reese 329 704-687-5742, lhall57@uncc.edu
- Robyn Diehm, Assistant Controller, Reese 327 704-687-5819, bdiehm1@uncc.edu
Personnel Profile – The personnel profile is used to establish an employee record in the UNC Charlotte’s human resources systems.

- Personal information: provide your name, address and personal telephone number
- Department/Office: provide the name of the department that you will work for.
- Campus directory: Initial to have your contact information omitted from the directory
- Prior service with the State of NC: Indicate if you have ever worked FOR the State of NC
- Demographic Information: Select one or more races, your birthdate and gender

Military Selective Service Registration Compliance

In most cases Foreign Nationals are not required to sign up for military service.
Check that you are a non-immigrant alien.
Sign and date.

Emergency Contact Information

By completing this form, you are authorizing UNC Charlotte officials to contact the listed individual(s) on your behalf in case of an emergency. Please complete this form by providing accurate contact information.

- Personal information: provide your full name, the last 4 digits of your SSN (if none, leave blank) and UNC Charlotte ID.
- Department or office name: provide the name of the department that hired you (required) and the department telephone number, if known.
- Emergency Contact: provide at least one person to contact in case of an emergency. You must enter their relationship to you, their full name and at least one telephone number.

Patent Agreement

The agreement form is used to show that you acknowledge the Institution’s Patent and Copyright procedures as an employee of UNC Charlotte.

- Enter your name, any casual name and the last 4 digits of your SSN
- Enter the name of your department and your title/position
- Sign and date the form.

Confidentiality Agreement

The confidentiality agreement form is used to show that you acknowledge the expectations, conditions and requirements of student employment. Sign the form. This form will be kept by HR.

UNC Charlotte Foreign National Information Form

The form is required to be completed by Foreign National Students in order to receive any form of payment. Any questions about this form can be directed to the Tax Office at 704-687-5819. Instructions to complete this form can be found on at http://finance.uncc.edu/resources/forms/foreign-national-information-form-student-version.
ON-CAMPUS EMPLOYMENT ELIGIBILITY FOR FOREIGN NATIONALS

This form is to verify employment eligibility based on immigration status and is NOT an authorization to work. Therefore, the international student, scholar or faculty member MUST complete form I-9 at Perfect Compliance BEFORE start of employment. U.S. Citizen and Permanent Resident (PR) should NOT complete this form.

Students, Scholars, and faculty MUST bring their passport, visa, I-94, I-20/DS-2019, I-797 and or other immigration documents for ISSO to complete this form.

PLEASE PRINT NEATLY!

Name ___________________________________________ UNCC ID: 80___-___-___
I-94 #: _____________________________ Last Entry to the United States: ___-___-20___
Passport #: ___________________________ Country of Issuance: ___________________________
Passport Expiration Date: ___/___/20___ Anticipated Employment Start Date: ___-___-20___
SEVIS ID (ONLY F & J visa): N_____________ I-20, DS-2019 or I-797 Expiration Date: ___/___/20___

Local Address ___________________________________________
(Residence hall and room number or off-campus apartment address)

Cell Phone ( ) ___-___-___ Email ____________________________@uncc.edu

On-campus Employer ____________________________________(Recreational Services, Library, Biology Department, etc.)

Student/Scholar/faculty Signature ___________________________ Date: ___/___/20___
Month Day Year

OFFICE USE ONLY

(Faculty - Visiting Scholar – Student Worker)

This international student, visiting scholar or faculty is in valid __________ immigration status, is ELIGIBLE to work at UNC Charlotte effective ___/___/20___ and his/her work eligibility ends on ___/___/20___ OR graduation/employment termination date (whichever is sooner).

International Students in F-1 and J-1 status are eligible to work on campus no more than 20 hours a week while school is in session (fall and spring semesters) and may work full time on campus while school is NOT in session (Thanksgiving, spring/winter breaks and summer).

F-1 and J-1 students/scholars are aliens lawfully admitted to the United States under authority of the law permitting them to work in the United States based on federal regulation 8CFR 214.2 (f) (9) (i) as long as the student/scholar maintains valid F-1/J-1 legal status. The signature below signifies the student, visiting scholar, or faculty is eligible to work on campus as indicated above.

Note: ___________________________________________________________

ISSO designated staff (print name): ________________________________ Date: ___/___/20___
Signature ___________________________________ Month Day Year
Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you’re exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren’t exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/WithholdingApp to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you’re having withheld compares to your projected total tax for 2019. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filings with multiple jobs or working spouses. If you have more than one job at a time, or if you’re married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES. Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/WithholdingApp to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/WithholdingApp to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you’re a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Employee’s Withholding Allowance Certificate

Whether you’re entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial
2 Last name
3 □ Single □ Married □ Married, but withhold at higher Single rate.
   Note: If married filing separately, check "Married, but withhold at higher Single rate."
4 □ If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.
5 Total number of allowances you’re claiming (from the applicable worksheet below the following pages).
6 Additional amount, if any, you want withheld from each paycheck.
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.
   □ Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
   □ This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
   Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee’s signature.
(This form is not valid unless you sign it.)

Date

8 Employer’s name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)
9 First date of employment
10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10202Q
income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

**Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

**Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn $60,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withheld at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withheld at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

**Instructions for Employer**

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).
### Personal Allowances Worksheet (Keep for your records.)

| A | Enter "1" for yourself                      | A |
| B | Enter "1" if you will file as married filing jointly | B |
| C | Enter "1" if you will file as head of household | C |
| D | Enter "1" if:  
  - You're single, or married filing separately, and have only one job; or  
  - You're married filing jointly, have only one job, and your spouse doesn't work; or  
  - Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less. | D |
| E | Child tax credit. See Pub. 972, Child Tax Credit, for more information.  
  - If your total income will be less than $69,801 ($101,401 if married filing jointly), enter "4" for each eligible child.  
  - If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter "2" for each eligible child.  
  - If your total income will be from $175,551 to $200,000 ($339,001 to $400,000 if married filing jointly), enter "1" for each eligible child.  
  - If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter "-0-" | E |
| F | Credit for other dependents.  
  - If your total income will be less than $69,801 ($101,401 if married filing jointly), enter "1" for each eligible dependent.  
  - If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).  
  - If your total income will be higher than $175,550 ($339,000 if married filing jointly), enter "-0-" | F |
| G | Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here | G |
| H | Add lines A through G and enter the total here | H |

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed $32,000 ($24,000 if married filing jointly), see the Two-Earners/Multiple Jobs Worksheet on page 4 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 above.

### Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1. Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details

   $24,000 if you're married filing jointly or qualifying widow(er)  

2. Enter:

   $18,000 if you're head of household  
   $12,000 if you're single or married filing separately

3. Subtract line 2 from line 1. If zero or less, enter "-0-"

4. Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items).  

5. Add lines 3 and 4 and enter the total

6. Enter an estimate of your 2018 nonwage income (such as dividends or interest)

7. Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses

8. Divide the amount on line 7 by $4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction

9. Enter the number from the Personal Allowances Worksheet, line H above

10. Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1
Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet only if the instructions under line H from the Personal Allowances Worksheet direct you here.

1 Enter the number from the Personal Allowances Worksheet, line 3 (or, if you used the Deductions, Adjustments, and Additional Income Worksheet on page 3, the number from line 10 of that worksheet) .................................................. 1

2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you’re married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for you and your spouse are $107,000 or less, don’t enter more than “3” ........................................ 2

3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “—0—”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet ........................................ 3

Note: If line 1 is less than line 2, enter “—0—” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet ............................................ 4

5 Enter the number from line 1 of this worksheet ............................................ 5

6 Subtract line 5 from line 4 ........................................................................... 6

7 Find the number in Table 2 below that applies to the HIGHEST paying job and enter it here ............................................ 7 $

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed ............................................ 8 $

9 Divide line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you’re paid every 2 weeks and you complete this form on a date in early April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck ............................................ 9 $

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<thead>
<tr>
<th>Table 1</th>
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<tr>
<td>If wages from LOWEST paying job are—</td>
<td>If wages from HIGHEST paying job are—</td>
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<td>Enter on line 2 above</td>
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<td>$0 - $7,000</td>
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<td>5,001 - 8,500</td>
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<td>200,001 and over</td>
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Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You aren’t required to provide the information requested on a form that’s subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form may vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return. If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
NC-4 NRA
Nonresident Alien Employee’s Withholding Allowance Certificate

PURPOSE - Complete Form NC-4 NRA, Nonresident Alien Employee’s Withholding Allowance Certificate, so that your employer can withhold the correct amount of State income tax from your pay. Regardless of your actual marital status, the State income tax to be withheld will be determined as if your filing status is single along with the number of allowances claimed on this form. If you do not provide a new NC-4 NRA to your employer before the first day of the first payroll period that ends on or after January 1, your employer is required to withhold as single with zero allowances.

GENERAL INSTRUCTIONS - Complete the Allowance Worksheet on page 2. The worksheet is provided for employees to adjust their withholding allowances based on charitable contributions, federal adjustments to income, N.C. additions to federal adjusted gross income, N.C. deductions from federal adjusted gross income, or N.C. tax credits. The worksheet will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file a new NC-4 NRA with your employer within 10 days after the change occurs.

Generally, nonresident aliens are not eligible for the standard deduction. Line 2 of this form requires the nonresident alien employee to enter an additional amount of income tax to be withheld for each pay period to account for the inclusion of the standard deduction in the wage bracket tables, percentage, and annualized methods of computing income tax withheld. The additional tax to withhold per pay period is identified in a chart on page 2 of Form NC-4 NRA and represents the income tax on the standard deduction for the single filing status ($7,750) divided by the number of payroll periods during the year. For example, an employee paid monthly is required to enter $38 ($7,750 X 5.85% +12). The additional withholding properly addresses the tax impact of the ineligibility for the standard deduction for most nonresident alien employees. However, the additional withholding results in overwithholding on nonresident alien employees who are either students or business apprentices from India. These individuals should report 0% on line 2.

WAGES EXEMPT FROM WITHHOLDING - Wages that are exempt from U.S. income tax under an income tax treaty are generally exempt from withholding. Residents of Canada and Mexico who enter or leave the United States at frequent intervals are not subject to withholding on their wages if these persons either: (1) perform duties in transportation service between the United States and Canada or Mexico, or (2) perform duties connected to the construction, maintenance, or operation of a waterway, viaduct, dam, or bridge crossed by, or crossing, the boundary between the United States and Canada or the boundary between the United States and Mexico. Nonresident aliens who are bona fide residents of the U.S. Virgin Islands are not subject to withholding of tax on income earned while temporarily employed in the United States.

TWO JOBS - If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using one Form NC-4 NRA. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 NRA filed for the higher paying job and zero allowances are claimed for the other.

NONWAGE INCOME - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40. Form NC-40 is available on our website at www.dorcnc.com under individual income tax forms.

CAUTION: All NC-4 NRA forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the Department. If you furnish an employee with a Nonresident Alien Employee’s Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

NC-4 NRA
Nonresident Alien Employee’s Withholding Allowance Certificate

1. Total number of allowances you are claiming (Enter zero (0), or the number of allowances from Page 2, line 11 of the NC-4 NRA Allowance Worksheet) __________

2. Additional amount to withhold from each pay period, see chart on Page 2, Part II, Line 12 __________.00

3. Employee elected additional withholding (Enter whole dollars) __________.00

4. Total additional withholding from each pay period. (Add Lines 2 and 3) __________.00

Social Security Number __________

First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) __________

M.J. __________

Last Name __________

Address __________

City __________

State __________

Zip Code (5 Digits) __________

Country (If not U.S.) __________

County (Enter last five letters) __________

Employee’s Signature __________

Date __________

I certify under penalties provided by law, that I am entitled to the number of withholding allowances claimed above, or if claiming exemption from withholding, that I am entitled to claim the exempt status.
NC-4 NRA Allowance Worksheet

Part I

Answer all of the following questions:

1. Will your charitable contributions exceed $2,499? Yes □ No □
2. Will your N.C. Child Deduction Amount from Page 3, Schedule 1 exceed $2,499? Yes □ No □
3. Will you have federal adjustments or State deductions from income, see Page 4, Schedule 2? Yes □ No □
4. Will you be able to claim any N.C. tax credits or tax credit carryovers from Page 4, Schedule 4? Yes □ No □

If you answered "No" to all of the above, STOP HERE and enter ZERO (0) as total allowances on Form NC-4 NRA, Line 1. On Line 2, enter $9 if you are paid weekly; enter $19 if you are paid biweekly; enter $20 if you are paid semimonthly; or enter $41 if you are paid monthly. If you answered "Yes" to any of the above, you may choose to go to Part II to determine if you qualify for additional allowances.

NC-4 NRA

Part II

1. Enter your total estimated charitable contributions ........................................ 1. $ ........................................
2. Enter an estimate of your total N.C. Child Deduction Amount from Page 3, Schedule 1 ........................................ 2. $ ........................................
3. Enter an estimate of your total federal adjustments to income and N.C. deductions from federal adjusted gross income from Page 4, Schedule 2 ........................................ 3. $ ........................................
4. Add Lines 1, 2, and 3 ........................................ 4. $ ........................................
5. Enter an estimate of your nonwage income (such as dividends or interest) ........................................ 5. $ ........................................
6. Enter an estimate of your N.C. additions to federal adjusted gross income from Page 4, Schedule 3 ........................................ 6. $ ........................................
7. Add Lines 5 and 6 ........................................ 7. $ ........................................
8. Subtract Line 7 from Line 4 (Do not enter less than zero) ........................................ 8. $ ........................................
9. Divide the amount on Line 8 by $2,500. Round down to whole number. Ex. $3,900 + $2,500 = 1.56 rounds down to 1 ........................................ 9. ........................................
10. Enter the amount of your estimated N.C. tax credits from Page 4, Schedule 4 ........................................ 10. $ ........................................
11. Divide the amount on Line 10 by $140. Round down to whole number. Ex. $200 + $140 = 1.43 rounds down to 1 ........................................ 11. ........................................
12. Total number of allowances (Add Lines 9 and 11) Enter on Line 1 of Form NC-4 NRA ........................................ 12. ........................................

13. Enter on Line 2 of Form NC-4 NRA the appropriate amount from the chart based on your payroll period

<table>
<thead>
<tr>
<th>Payroll Period</th>
<th>Weekly</th>
<th>Biweekly</th>
<th>Semimonthly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Withholding</td>
<td>$9</td>
<td>$19</td>
<td>$20</td>
<td>$41</td>
</tr>
</tbody>
</table>
## NC-4 NRA Allowance Worksheet Schedules

### Schedule 1

**Estimated N.C. Child Deduction Amount**

A taxpayer who is allowed a federal child tax credit under section 24 of the Internal Revenue Code is allowed a deduction for each dependent child unless adjusted gross income exceeds the threshold amount shown below.

The N.C. Child Deduction Amount can be claimed only for a child who is under 17 years of age on the last day of the year.

<table>
<thead>
<tr>
<th>Filing Status</th>
<th>Adjusted Gross Income</th>
<th>No. of Children</th>
<th>Deduction Amount per Qualifying Child</th>
<th>Estimated Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Single</strong></td>
<td>Up to $ 20,000</td>
<td></td>
<td>$ 2,500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $ 20,000 Up to $ 30,000</td>
<td></td>
<td>$ 2,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $ 30,000 Up to $ 40,000</td>
<td></td>
<td>$ 1,500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $ 40,000 Up to $ 50,000</td>
<td></td>
<td>$ 1,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $ 50,000 Up to $ 60,000</td>
<td></td>
<td>$ 500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $ 60,000</td>
<td></td>
<td>$ -</td>
<td></td>
</tr>
<tr>
<td><strong>MFJ or SS</strong></td>
<td>Up to $ 40,000</td>
<td></td>
<td>$ 2,500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $ 40,000 Up to $ 60,000</td>
<td></td>
<td>$ 2,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $ 60,000 Up to $ 80,000</td>
<td></td>
<td>$ 1,500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $ 80,000 Up to $ 100,000</td>
<td></td>
<td>$ 1,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $ 100,000 Up to $ 120,000</td>
<td></td>
<td>$ 500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $ 120,000</td>
<td></td>
<td>$ -</td>
<td></td>
</tr>
<tr>
<td><strong>HOH</strong></td>
<td>Up to $ 30,000</td>
<td></td>
<td>$ 2,500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $ 30,000 Up to $ 45,000</td>
<td></td>
<td>$ 2,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $ 45,000 Up to $ 60,000</td>
<td></td>
<td>$ 1,500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $ 60,000 Up to $ 75,000</td>
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<td>$ 1,000</td>
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</tr>
<tr>
<td></td>
<td>Over $ 75,000 Up to $ 90,000</td>
<td></td>
<td>$ 500</td>
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<tr>
<td></td>
<td>Over $ 90,000</td>
<td></td>
<td>$ -</td>
<td></td>
</tr>
<tr>
<td><strong>MFS</strong></td>
<td>Up to $ 20,000</td>
<td></td>
<td>$ 2,500</td>
<td></td>
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<td></td>
<td>Over $ 20,000 Up to $ 30,000</td>
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<td>$ 2,000</td>
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<td></td>
<td>Over $ 30,000 Up to $ 40,000</td>
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<td>$ 1,500</td>
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</tr>
<tr>
<td></td>
<td>Over $ 40,000 Up to $ 50,000</td>
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<td>$ 1,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $ 50,000 Up to $ 60,000</td>
<td></td>
<td>$ 500</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $ 60,000</td>
<td></td>
<td>$ -</td>
<td></td>
</tr>
</tbody>
</table>
NC-4 NRA Allowance Worksheet Schedules

Schedule 2

Estimated Federal Adjustments to Income

Federal adjustments to income are the amounts that are deducted from total income claimed on your federal return. Adjustments to income may include:

- Health savings account deduction
- Moving expenses
- Alimony paid
- IRA deduction
- Certain business expenses of reservists, performing artist and fee-based governmental officials

Total Federal Adjustments to Income $ .

N.C. Deductions from Federal Adjusted Gross Income to Consider for NC-4 NRA Purposes

- 20% of prior bonus depreciation addback $ .
- 20% of prior section 179 addback $ .
- Amount by which North Carolina basis of property exceeds federal basis of property - in year taxpayer disposes of property $ .

Total N.C. Deductions from Federal Adjusted Gross Income $ .


Schedule 3

Estimated N.C. Additions to Federal Adjusted Gross Income to Consider for NC-4 NRA Purposes

- Shareholder's share of built-in gains tax that the S corporation paid for federal income tax purposes $ .
- Amount by which federal basis of property exceeds N.C. basis of property - in year taxpayer disposes of property $ .
- Amount of gross income from domestic production activities that a taxpayer excludes from gross income under section 199 of the Internal Revenue Code $ .
- Adjustment for bonus depreciation
- Adjustment for section 179 expense deduction


Schedule 4

Estimated N.C. Tax Credits

- Tax Credit for Income Taxes Paid to Other States by Individuals $ .

Additional Tax Credits and Carryovers

- Credit for Rehabilitating Income-Producing Historic Structure (Article 3L) $ .
- Credit for Rehabilitating Nonincome-Producing Historic Structure (Article 3L) $ .
- Installments of expired tax credits (Article 3B, Article 3D, and Article 3H) $ .
- Tax credits carried over from previous years $ .

Total Tax Credits and Carryovers. Enter on Page 2, Part II, Line 10 $ .
## Personnel Profile

The information requested on this form will be used for the following purposes:

- To establish an employee record on the University's Human Resources System (which includes Payroll)
- Compliance with Equal Employment Opportunity and Affirmative Action reporting requirement provisions of State and Federal laws
- Compliance with State law regarding Military Selective Service

<table>
<thead>
<tr>
<th>Name (first MI last)</th>
<th>Casual Name (ex. Bob, Kathy, etc.)</th>
<th>Last 4 digits of SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee's Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Telephone Number</th>
<th>Department/Office</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please initial if you would like to omit your address/contact number from the Campus Directory. (Updates can be made on Banner Self Service.)

**Do you have prior service with the State of North Carolina?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

### Demographic Information:

**Race Category (Select One or More):**

<table>
<thead>
<tr>
<th>B - Black</th>
<th>A - Asian</th>
<th>I - American Indian or Alaska Native</th>
</tr>
</thead>
<tbody>
<tr>
<td>W - White</td>
<td>H - Hispanic</td>
<td>P - Native Hawaiian/Pacific Islander</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Military Selective Service Compliance

In accordance with General Statute 143b-421.1, I hereby certify, as a condition of employment, that I have complied with the requirements of the Military Selective Service Act. My specific compliance is as follows:

- I certify that I am registered with the Selective Service.

- I certify that I am not required to be registered with the Selective Service because:
  - (Please ‘X’ one of the following reasons)
    - I am female.
    - I am in the armed services on active duty. (Members of the Reserves and National Guard are not considered on active duty).
    - I am currently 26 years of age, or older.
    - I am a permanent resident of the Trust Territory of the Pacific Island or the Northern Marina Islands.
    - I am a non-immigrant alien.

**Employee’s Signature:**

**Date:**
Emergency Notification Information

This information will be used to make an appropriate notification in the event of an emergency involving a faculty or staff member.

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Last 4 digits of SSN</th>
<th>UNC Charlotte ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Department or Office Name</th>
<th>Department Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PERSON # 1 TO CONTACT IN THE EVENT OF AN EMERGENCY**

<table>
<thead>
<tr>
<th>Employee's Relationship to named contact</th>
<th>A - Aunt / Uncle</th>
<th>B - Sibling</th>
<th>C - Child / Children</th>
<th>D - Domestic Partner</th>
<th>E - Embassy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F - Father</td>
<td>G - Grandparents</td>
<td>M - Mother</td>
<td>N - Friend / Neighbor</td>
<td>O - Other</td>
</tr>
<tr>
<td></td>
<td>P - Parents</td>
<td>R - Grandchild</td>
<td>S - Spouse</td>
<td>U - Guardian</td>
<td>V - Advisor / Sponsor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LAST Name</th>
<th>FIRST Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address Lines 1 &amp; 2</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Contact Telephone Numbers

<table>
<thead>
<tr>
<th>Home</th>
<th>Business</th>
<th>Mobile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**PERSON # 2 TO CONTACT IN THE EVENT OF AN EMERGENCY**

<table>
<thead>
<tr>
<th>Employee's Relationship to named contact</th>
<th>A - Aunt / Uncle</th>
<th>B - Sibling</th>
<th>C - Child / Children</th>
<th>D - Domestic Partner</th>
<th>E - Embassy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F - Father</td>
<td>G - Grandparents</td>
<td>M - Mother</td>
<td>N - Friend / Neighbor</td>
<td>O - Other</td>
</tr>
<tr>
<td></td>
<td>P - Parents</td>
<td>R - Grandchild</td>
<td>S - Spouse</td>
<td>U - Guardian</td>
<td>V - Advisor / Sponsor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LAST Name</th>
<th>FIRST Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address Lines 1 &amp; 2</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Contact Telephone Numbers

<table>
<thead>
<tr>
<th>Home</th>
<th>Business</th>
<th>Mobile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In consideration of my appointment to the faculty/staff of the University of North Carolina at Charlotte, and as a condition of that appointment, I do hereby agree as follows:

1. I have read and understand the Institutional Patent and Copyright Procedures of the University of North Carolina at Charlotte (*University Policy Statement #301: Patent Policy)

2. I agree to abide by the Patent Policy and to communicate promptly to the UNC Charlotte Office of Research a full and complete disclosure of all inventions conceived or reduced to practice by me in connection with my duties supported in whole or part by UNC Charlotte.

3. I further agree that I will assign the inventions and all applications and patents relating thereto to UNC Charlotte, a sponsor, or the federal government as and when requested by UNC Charlotte.

4. I understand that unless otherwise specifically agreed in writing I shall receive my share of the gross revenues from the licensing or sale of my invention in accordance with the revenue distribution formula set forth under the Patent Policy.

5. I understand that UNC Charlotte will rely upon this Agreement in making research and licensing agreements with third parties.

This Agreement shall not apply to any invention which does not come within the scope of UNC Charlotte ownership as defined in the Patent Policy.

* University Policy Statement #301: Patent Policy can be found online at: http://legal.uncc.edu/policies/up-301
THE UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE

STUDENT EMPLOYMENT OFFICE
(Human Resources Department)

CONFIDENTIALITY AND EXPECTATIONS AGREEMENT FOR STUDENT EMPLOYEES

STUDENT'S NAME

(Please Print)

In consideration of my employment, continued employment or affiliation with UNC Charlotte, I agree to and acknowledge the following expectations, conditions and requirements:

1. As a condition of my employment with UNC Charlotte, I agree not to divulge, either during or after my period of employment, any confidential information to which I have had access by reason of my employment. I understand that any unauthorized disclosure of such information may result in discharge from my job, prosecution as an offense punishable under The Code of Student Responsibility and/or prosecution under North Carolina state law. I understand that all job-related information should be treated as confidential unless I am otherwise informed by my supervisor.

2. I will not attempt to access, alter, change, add, or delete student record information or University documents unless my supervisor provides specific instructions to do so.

3. I agree to comply with UNC Charlotte's rules, standards and instructions for student behavior, including, but not limited to, those set forth in The Code of Student Responsibility and The Code of Student Academic Integrity.

4. I understand that The Code of Student Responsibility requires me to report to the Office of the Dean of Students any criminal charges or convictions that are entered against me during my enrollment at the University or during any periods between enrollments at the University.

5. I understand that the Office of the Dean of Students will communicate with the Student Employment Office regarding any criminal charges or violations of UNC Charlotte rules, standards and instructions for student behavior. I further understand that the University has the right, in its sole discretion, to impose sanctions, including termination of my employment, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony and/or welfare of the University.

6. I understand that as a student employee I may be the first point of contact for students, faculty, staff and other customers. I understand that it is important that all of these customers be treated with the utmost courtesy and professionalism, and that I present a favorable impression through my actions and appearance.

7. I understand that I am expected to report to work on time and for the work hours that I am scheduled for each week unless I am sick or make other arrangements in advance with my supervisor. If I am out unexpectedly and cannot make it in for my scheduled work hours, I understand that I must call in immediately to report my absence and be excused from work.

8. I understand that my continued employment is based upon satisfactory work performance.

Student's Signature __________________________ Date ____________

Student Employment Representative's Signature __________________________ Date ____________
University of North Carolina at Charlotte
Foreign National Information Form

This version is for UNC Charlotte STUDENTS only, and must be completed to receive any form of payment.

Please answer all of the applicable questions and submit the form to the Tax Office via fax to 704-687-1450 or mail to UNC Charlotte, Tax Office, 9201 University City Blvd, Reese 324, Charlotte, NC 28223. If a meeting is necessary, you are required to bring the following documents to the appointment: photo page of your passport, social security card or ITIN, I-94 departure card, visa, and current I-20 or DS2019. If you have any questions, contact the Tax Office at (704) 687-5742 or taxoffice@uncc.edu.

(1) PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Last or Family Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td></td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yy):</td>
<td></td>
</tr>
<tr>
<td>Social Security Number or ITIN:</td>
<td></td>
</tr>
<tr>
<td>UNC Charlotte ID Number:</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
<tr>
<td>U.S. Phone Number:</td>
<td></td>
</tr>
</tbody>
</table>

(2) ADDRESS INFORMATION (Street Address, not a P.O. Box)

<table>
<thead>
<tr>
<th>U.S. ADDRESS</th>
<th>HOME COUNTRY/PERMANENT ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 1:</td>
<td>Address Line 1:</td>
</tr>
<tr>
<td>Address Line 2:</td>
<td>Address Line 2:</td>
</tr>
<tr>
<td>Address Line 3:</td>
<td>Address Line 3:</td>
</tr>
<tr>
<td>City:</td>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
<td>Province/ Region:</td>
</tr>
<tr>
<td>Country: United States</td>
<td>Country:</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>Postal Code:</td>
</tr>
</tbody>
</table>

(3) CURRENT IMMIGRATION STATUS/VISA TYPE

Check one:  ☐ F-1 Student  ☐ J-1 Exchange Visitor - Student  ☐ Permanent Resident  ☐ Other:  ________

What is the first date you were in the U.S. in this status? (This is the date you first entered the U.S. as indicated on your I-94, or the date you changed your status for the purpose of study.)

YYYY-MM-DD

What is the projected end date of this status? (This is the expected completion date on your I-20 or DS2019.)

YYYY-MM-DD

What is your primary purpose for this current status?  Check one, and indicate your student type (if degree) or program name (if non-degree).

☐ Studying in a Degree Program

☐ Undergraduate  ☐ Graduate  ☐ Doctoral  ☐ Post Doctoral  ☐ Other:  ________

☐ Studying in a Non-Degree Program

Program Name (e.g. ELTI or Exchange Student):  ________
(4) PASSPORT INFORMATION

Country of Citizenship (country that issued passport): ___________________________
Passport Number: ______________________
Are you a citizen of or do you have a passport from any other country? ☐ Yes ☐ No If yes, what country? ________________

(5) TAX RESIDENCE

What is your country of tax residency? This is your country of residency immediately prior to this current visit to the U.S. __________________________
Did your tax residency in that country end prior to this visit to the U.S.? ☐ Yes ☐ No If yes, when? (mm/dd/yyyy) _______

(6) IMMIGRATION HISTORY

List all of your immigration activities in the last 3 calendar years (including tourism activity, spousal status, etc). If the immigration activity was F, J, M, or Q, list all immigration activity since January 1, 1985. Do not include information related to your current immigration status. F and J students do not need to document short vacations home during semester breaks. If you do not have any immigration history to report, check the "Not Applicable" box.

☐ Not Applicable - I do not have reportable immigration activities.

<table>
<thead>
<tr>
<th>Date of Entry (mm/dd/yyyy)</th>
<th>Date of Exit (mm/dd/yyyy)</th>
<th>Visa Type/Status and subtype if applicable (J-1a)</th>
<th>Primary Purpose</th>
<th>Did you take tax treaty benefits?</th>
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<tbody>
<tr>
<td>________________</td>
<td>________________</td>
<td>______________________</td>
<td>________________</td>
<td>☐ Yes ☐ No</td>
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(7) PAYMENT INFORMATION

Payment Type: ☐ Wages ☐ Scholarship ☐ Prize/Award ☐ Other ________________
Department providing payment: ________________ Position: ________________

(8) CERTIFICATION STATEMENT

I certify that to the best of my knowledge and belief all of the information on this form is correct.

Signature: ___________________________ Date (mm/dd/yyyy): ___________________________

(9) TO BE COMPLETED BY TAX OFFICE

Notes: ___________________________

Signature: ___________________________ Date (mm/dd/yyyy): ___________________________