

Foreign Visitors Honoraria Eligibility Certification

Name _____ SSN/ITIN _____

I, _____, arrived in the United States bearing a B-1 or B-2 visa, or under the Visa Waiver Program (WB or WT), or I was exempt from documentary requirements for entering the United States. I will perform the following academic services _____.

I hereby certify to the following facts:

1. The services are being conducted for the benefit of _____.
2. The activities will last no longer than 9 days at this institution.
3. I have not accepted honoraria (and incidental expenses in the case of a B-2 or VWT visitor) from more than 5 institutions or organizations in the previous 6 months.

Signed under penalties of perjury,

_____ Date _____

Address _____

University of Pennsylvania Foreign National Information Form

All applicable questions below must be answered. A copy of both sides of your I-94 Form (Arrival and Departure Record), a copy of your U.S. VISA, and an I-20 or IAP-66 must be attached to this form. This form must be returned before any check can be issued by Payroll or Accounts Payable.

This section is to be completed by Department Representative.

Purpose for submitting this form:	
<input type="checkbox"/> Employee (mark the appropriate box below) <ul style="list-style-type: none"> <input type="checkbox"/> New to University <input type="checkbox"/> Change in Visa Status <input type="checkbox"/> Tax Treaty Renewal 	<input type="checkbox"/> Independent Contractor/Honorarium (Amount \$ _____) <input type="checkbox"/> Scholarship/Fellowship (Amount \$ _____) <input type="checkbox"/> Other _____ (Amount \$ _____)
Annual Salary \$ _____	
Position Title _____	Department Contact Person _____
Department Name _____	Email Address _____
Campus Address _____	Telephone Number _____ Ext. _____

The remainder of this form (both sides) is to be completed and signed by Foreign National.

1. Last or Family Name	First	Middle	Mr., Mrs., Ms., Dr. (Circle One)
2. Social Security # or University ID#		3. Date of Birth	
		____ / ____ / ____ Month Day Year	
4. U.S. Local Street Address _____		5. Foreign Residence Address _____	
Address Line 2 _____		Address Line 2 _____	
Address Line 3 _____		City _____ Postal Code _____	
City _____		Province/Region _____	
State _____ Zip Code _____		Province/Region Postal Code _____	
Telephone Number (____) _____		Country _____	
6. Country of Citizenship		7. Country that issued Passport	
8. Passport # & Expiration Date		9. VISA # (in red, not the control number)	
10. Your Current U.S. Immigration Status:			
<input type="checkbox"/> U.S. Immigrant/Permanent Resident <input type="checkbox"/> J-1 Exchange Visitor		<input type="checkbox"/> F-1 Student <input type="checkbox"/> H-1 Temporary Employee <input type="checkbox"/> J-2 Spouse or Child of Exchange Visitor <input type="checkbox"/> Other _____	
11. If Immigration Status is J-1, What is the Category? Check Only One			
<input type="checkbox"/> 01 Student <input type="checkbox"/> 02 Short Term Scholar		<input type="checkbox"/> 05 Professor <input type="checkbox"/> 07 Alien Physician <input type="checkbox"/> 12 Research Scholar <input type="checkbox"/> Other _____	
12. What is the Primary Purpose of your Current Stay in the U.S.? Check Only One			
<input type="checkbox"/> 01 Studying in a Degree Program <input type="checkbox"/> 02 Studying in a Non-Degree Program <input type="checkbox"/> 03 Teaching <input type="checkbox"/> 04 Lecturing		<input type="checkbox"/> 05 Observing <input type="checkbox"/> 06 Consulting <input type="checkbox"/> 07 Conducting Research <input type="checkbox"/> 08 Training <input type="checkbox"/> 09 Demonstrating Special Skills <input type="checkbox"/> 10 Clinical Activities <input type="checkbox"/> 11 Temporary Employment <input type="checkbox"/> 12 Here with Spouse	
13. What is the Actual Date you first entered the U.S. in your present immigration status?	14. What is the Start Date on your current immigration form (i.e., IAP-66, I-20, or I-797, as applicable)?	15. What is the Projected End Date of your present immigration status?	
____ / ____ / ____ Month Day Year	____ / ____ / ____ Month Day Year	____ / ____ / ____ Month Day Year	

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

16. If Student, What Type? <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Medical Student	17. If Married, is Spouse in U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> 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.? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ / _____ / _____ <div style="text-align: right; font-size: small;"> Month Day Year </div>

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, M, or Q 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?
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No

Please attach separate sheet, if necessary.

QUESTIONS...

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

1. Name. Print full name.
2. U.S. Local Street Address. List your local home address. If unknown, list address of your PENN employer.
3. Foreign Residence Address. List your permanent address abroad.
4. Visa #. List your U.S. visa number (not the control number). It is the eight digit number, in red, found below the expiration date.
5. Actual Date of Entry, Start Date, and Projected End Date. Must include month, day, and year for all. Approximate if you are unsure.
6. Consultants/Self-Employed Individuals. Check the appropriate box. This includes any office at any location specifically identified with you.
7. Tax Residency. Tax residence is where you last paid taxes as a resident, and can be different from legal residence. Do not include the U.S. unless you have met the substantial presence test.
8. Please be certain that all questions are answered.
9. Sign this form at the bottom as you would a business letter and write today's date.

PLEASE RETURN THIS FORM TO:
Corporate Tax Office
3451 Walnut St Room 329, Philadelphia, PA 19104

If your country has a tax treaty with the U.S., but you elect not to use these benefits, please initial here. _____

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 _____