

International Information Form (IIF)

To be used only by employees and contractors who have entered the U.S.

All applicable questions must be answered. You must provide your U.S. visa, passport with Form I-94 or I94W Arrival and Departure Record (a small card or entry date stamp inside your passport, or an electronic receipt), and I-20 or DS-2019, if applicable. Lawful Permanent Residents must provide the Resident Alien Card. **This form must be completed and returned before any payment can be issued by Payroll or Accounts Payable (including scholarships or fellowships).**

PERSONAL INFORMATION

1 Last or Family Name: First: Middle:

2 SSN or ITIN: SSN ITIN **3** Date of Birth: **4** Mailing Address: U.S. International

5 U.S. Local Street Address:
Address Line 2:
Address Line 3:
Address Line 4:
City:
State: Zip:

6 International Residence Address:
Address Line 2:
Address Line 3:
Address Line 4:
City: Province/Region:
Country: Postal Code:

7 Passport Number: Country that issued passport: Country of residence:

8 Telephone Number: **9** Email Address: **10** Preferred Method of Contact: Email Phone

CURRENT VISA AND IMMIGRATION STATUS INFORMATION

11 Immigration Status: **(Please check one)**
 U.S. Immigrant/Permanent Resident F-1 Student VWB/VWT Visa Waiver
 B-1/B-2 Business/Tourism J-1 Exchange Visitor Other:

If immigration status is J-1, indicate the subtype: **(Please check one)**
 01 Student 05 Professor 12 Research Scholar
 02 Short-Term Scholar Other:

12 What is the actual primary purpose of this visit? **(Please check one)**
 01 Studying in a Degree Program 05 Observing 11 Temporary Employment
 02 Studying in a Non-Degree Program 06 Consulting 12 Here with Spouse/Relative
 03 Teaching 07 Conducting Research 16 Tourist Activities
 04 Lecturing 10 Clinical Activities 99 Other:

13 Actual date you entered the United States:

14 Start date of your immigration status for this primary purpose:

15 Projected last day in the United States for this primary purpose:

16 Current Visa Number:

17 Income Producing Activity: (e.g. Chemistry Professor)

18 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 the tax year will you have the office?

19 Are you a full-time student?
 Undergraduate Masters Doctoral
 Other N/A

20 Country of tax residence: (may differ from line 7)
 Did tax residency end during the year? YES NO
 If yes, when?

21 Spouse in the U.S.? YES NO
 Number of Dependents:

PRIOR VISA AND IMMIGRATION STATUS INFORMATION

22 Please list all periods of stay in the U.S. during the last three calendar years, and all F, J, M, or Q visa periods since January 1, 1985. (For additional space use Attachment 1 on the following page.)

Please check here if you have made *no* prior visits to the United States since January 1, 1985.

Date of Entry: (Month/Day/Year)	Date of Exit: (Month/Day/Year)	Visa Immigration Status: (See Below)	J-1 Subtype: (See Below)	Primary Purpose: (See Below)	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

VISA IMMIGRATION STATUS:

U.S. Immigrant/Permanent Resident B-1/B-2 Business/Tourism	F-1 Student J-1 Exchange Visitor	VWB/VWT Visa Waiver Other (input brief description)
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J-1 SUBTYPE:

01 Student 02 Short-Term Scholar	05 Professor 12 Research Scholar	Other (input brief description)
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PRIMARY PURPOSE:

01 Studying in a Degree Program 02 Studying in a Non-Degree Program 03 Teaching 04 Lecturing	05 Observing 06 Consulting 07 Conducting Research 10 Clinical Activities	11 Temporary Employee 12 Here with Spouse 16 Tourist Activities Other (input brief description)
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23 If your country has a tax treaty with the U.S., but you elect not to use the benefits, please initial here:

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 complete and submit a new International Information Form to the proper department.

Signature:

Date:



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ATTACHMENT 1

ADDITIONAL SPACE FOR PRIOR VISITS TO THE UNITED STATES

Date of Entry: (Month/Day/Year)	Date of Exit: (Month/Day/Year)	Visa Immigration Status: (See Page 2)	J-1 Subtype: (See Page 2)	Primary Purpose: (See Page 2)	Have you taken any treaty benefits?
					<input type="radio"/> YES <input type="radio"/> NO
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Signature: Date: