



**ALIEN INFORMATION REQUEST FORM**

The Pennsylvania State University  
Payroll Department  
307 Rider Building

PROVIDE ALL INFORMATION REQUESTED

All individuals who are not citizens of the United States are required to have completed this form prior to any request for payment or employment.  
This form allows Penn State to determine proper tax withholding.

<b>Last or Family Name</b>	<b>First or Personal</b>	<b>Middle</b>	<b>Country of Citizenship</b>	<b>Social Security Number</b>
<b>Nature of employment</b> (i.e. Faculty, Teaching or Research Asst.)			<b>College or Academic department where employed</b>	
<b>Local Residence -</b> Street Address			<b>Permanent Foreign Residence -</b> Street Address	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>City</b>	<b>Country</b>
				<b>Postal Code</b>

<b>CURRENT VISA CLASSIFICATION (CHECK ONLY ONE)</b>  <input type="checkbox"/> Immigrant / Permanent Resident <input type="checkbox"/> F-1 Student <input type="checkbox"/> J-1 Exchange Student <input type="checkbox"/> J-1 Exchange Visitor	<input type="checkbox"/> J-2 Spouse / Dependent of Exchange visitor / student (w/ employment authorization card)	On what date did you receive your current immigration status?  ____ / ____ / ____
	<input type="checkbox"/> H-1 Temporary employee of distinguished merit and / or Ability	
	<input type="checkbox"/> Other - Please specify: _____	

Visa Type when you originally entered the USA: \_\_\_\_\_  
Date of original entry: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Prior entries to the US:  
Date entered      Date left      Visa type  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

When does your authorization to work in the USA expire?  
 \_\_\_\_\_

**DETERMINATION OF RESIDENCY STATUS FOR TAX PURPOSES**

**RESIDENCY STATUS:** An alien will not be considered a United States Resident for tax purposes unless the individual:  
 a) Is a lawful permanent resident of the United States at any time during the calendar year; OR  
 b) Is able to meet the substantial presence test as specified by the Internal Revenue Service regulations. (Copies available at the Payroll Office.)  
 Please check the appropriate box (1, 2, or 3) below to indicate your residency status for tax purposes.

1 <input type="checkbox"/>	I am a permanent resident of the United States under U.S. Immigration Laws. Please attach a completed IRS Form W-9 (located at <a href="http://www.irs.gov/pub/irs-pdf/fw9.pdf">http://www.irs.gov/pub/irs-pdf/fw9.pdf</a> ).
2 <input type="checkbox"/>	I am a resident of the United States, for tax purposes, because I have met the Substantial Presence Test for residence. Attach IRS Form W-9 (located at <a href="http://www.irs.gov/pub/irs-pdf/fw9.pdf">http://www.irs.gov/pub/irs-pdf/fw9.pdf</a> ), along with a copy of your I-94 card.
3 <input type="checkbox"/>	I am a NON-RESIDENT. I DO NOT meet the requirements for residency in the United States. <b>Attach a copy of your I-94 card.</b>

**IMPORTANT:** If you wish to claim exemption from U.S. federal income taxes because your country of permanent residence has a tax treaty with the United States, you MUST attach IRS form 8233 (Exemption from Withholding for Compensation of Independent Personal Services of a Non-Resident Alien Individual) and the appropriate Revenue Procedure. Copies are available from either Payroll or the IRS, and must be submitted each tax year to receive the exemption. Copies are available from the Payroll Office, 307 Rider, the Payroll Office website at <http://www.fis.psu.edu/payroll> or the Penn State GURU system. Form 8233 and the appropriate Revenue Procedure Form need to be submitted each tax year to receive the exemption.

I hereby certify, under penalties of perjury, that all of the above information is correct. I understand that if my status changes from which I have indicated on this form that I will submit to the Payroll Office a new Alien Information Request Form.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR PAYROLL OFFICE USE ONLY</b>					
Date Entered: ____ / ____ / ____		Country	_____	Treaty End Date	____ / ____ / ____
Entered by: _____	FICA Status	_____	FICA End Date	____ / ____ / ____	Inc. Code
					Ceiling

SEND ORIGINAL TO PAYROLL / ACCOUNTING