


**Human Resources Service Center
140 Commonwealth Avenue
More Hall - 370
Chestnut Hill, MA 02467**

Unless you are using Adobe Acrobat or Adobe Business Tools you cannot save this document. Once you are satisfied with your entries, print the form and submit it to the address above.

Double-click this Help symbol  for information on using Help.

BASIC INFORMATION

Last Name:

First Name:

Middle Name(s):


Title: Non-English titles not accepted by IRS 

Post Title: Examples: Phd, Esq., MD 

Student Type:

Trainee Type: 

Your SSN / ITIN: 

If you have no SSN / ITIN, have you applied for one? Yes No 

Foreign Taxpayer ID: 

Institution ID Number: 

Department at Institution:

Occupation at Institution:

INDIVIDUAL INFORMATION


Date of Birth: Use 3-letter abbreviation for month in day-month-year format 


Marital status: Married Single


Spouse here in USA?: Yes No  Spouse working in USA?: Yes No 

If you have no dependents (not including spouse) skip to Home Telephone in USA

Dependents (not including spouse):

If you are a national of American Samoa, the Northern Mariana Islands, or the US Virgin Islands, or are tax resident in Canada or Mexico, enter your total number of dependents: 

If you are a tax resident of Japan or the Republic of Korea (South), enter your total number of dependents who were with you in the USA at some time in the calendar year: 

If you are a resident of India who entered the USA for the primary purpose of studying, enter your dependents who are US citizens or residents: 

If you are not from any of the above countries go to Home Telephone in USA

Home Telephone in USA: Extension: 

Day Phone in USA: Extension: 

Fax: 

Email address:

Date First Ever Entered USA: Use 3-letter abbreviation for month in day-month-year format

Emergency Telephone:	Extension:
Emergency Email Address:	

USA LOCAL ADDRESS

Address Line 1:

Address Line 2:

Address Line 3:

City:

State:

Zip code: - 

FOREIGN RESIDENCE ADDRESS 

Address Line 1:

Address Line 2:

Address Line 3:

City:

Postal Code:

Province/Region:

Regional Postal Code:

Country:

COUNTRY

Country of Passport/Citizenship:



Passport Number:

Passport Expiration Date:

Use 3-letter abbreviation in day-month-year format



Are you also a U.S. citizen? Yes No

Has submitted application to become a US lawful permanent resident?

Yes

No



Country of **Tax Residence**:



Have you proven to the IRS that you have a closer connection to a foreign country than to the USA?

Yes

No



OTHER INFORMATION

Do you have an office regularly available to you in the USA?

Yes

No



If yes, how many days in this calendar year is the office available to you?



Are you the recipient of a grant?
(i.e. a non-service scholarship or fellowship)

Yes

No



Are you engaged in a full-time program?

Yes

No



Do you wish to claim treaty benefits if they are available?

Yes

No



VISA IMMIGRATION ACTIVITY

Please list your current visa status in the first row.

In the following rows list any any F, J, M or Q visa immigration activity since 1/1/85 or visa immigration activity in last 3 calendar years.

Be sure to enter data all the way through to the field farthest to the right (Last Day in US).

For the First and Last Day in US fields, please use the 3-letter abbreviation for month in day-month-year format.



Immigration Status



J-1 Subcategory



Primary purpose of visit



Tax Residence



Treaty benefit
taken as



Visa Number



First day in US
in this status



Last day in US
in this status

SIGNATURE PAGE

I hereby authorize Boston College to release information contained on the Foreign National Information Form to Windstar Technologies, Inc., P.O. Box 800; Providence Hwy.; Suite 13; Norwood, MA 02062-0800 for the following purpose: technical software support for the International Tax Navigator™ system.

I hereby certify that all of the above information is true, complete 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: _____

Witness: _____ (Please print)

Signature: _____ Date: _____