Boston College Foreign National Identification Form

Human Resources Service Center 129 Lake Street Room 100 Brighton, MA

Basic Information



Please complete the Foreign National Identification Form and Return to the Human Resources Service Center at 129 Lake Street or via email to HRSC@bc.edu

Last Name First Name		Ea Middle N	igle ID lame(s)	
SSN / ITIN				
If you have no SSN / ITIN, have you applied for one?				
Department Name				
Occupation at BC				
Individual Info	ormation			
Date of Birth E-Mail Address		Phone Numb	oer]

USA Local Address

Address Line 1		
Address Line 2		
Address Line 3		
City		
State	Zip Code	
Foreign Resi	dence 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		
Country of Tax Residence		

Visa Immigration Activity

Please list your current visa status in the first row.

In the following rows list any F, J, M or Q visa immigration Activity since 01/01/1985 or visa immigration activity in the last 3 calendar years.

Be sure to enter all data all the way through to the field farthest to the right (Last Day in the USA). For the First and Last Day in the USA fields, please use the 3-letter abbreviation for month in day-month-year format.

Immigration	J-I	Primary	Tax	Treaty	Visa Number	First day in	Last day in
Status	Subcategory	Purpose	Residence	benefit taken		the USA in	the USA in
		of Visit		as		this Status	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	