



ALIEN INFORMATION REQUEST FORM

Payroll Department
101 James M. Elliott Building
120 S. Burrowes Street
State College, PA 16801

PROVIDE ALL INFORMATION REQUESTED

ALL INDIVIDUALS who are not citizens of the United States (which includes permanent resident status) are required to have completed this form prior to any requests for payment or employment. This form allows Penn State to determine proper tax withholding.

***** As an employee you are required under law to provide us with a United States Social Security Number *****

PART I						
Last or Surname		First or Given	Middle	Country of Citizenship		PSU-ID #
PSU Employment Position		Email Address		College or department where employed	Social Security Number ***	
Local Residence - Street Address			Permanent Foreign Residence - Street Address			
City		State	Zip Code	City	Country	Postal Code

PART II							
A CURRENT VISA TYPE / CLASS (CHECK ONLY ONE) <input type="checkbox"/> Permanent Resident / Immigrant (go directly to Part III) <input type="checkbox"/> F-1 Student <input type="checkbox"/> J-1 Exchange Student (Provide copy of DS2019) <input type="checkbox"/> J-1 Exchange Visitor (not student visa) (Provide copy of DS2019)				<input type="checkbox"/> J-2 or H-4 Spouse/Dependent of Exchange visitor/student (attach copy of employment authorization card - EAD Card) <input type="checkbox"/> H-1 Temporary employee of distinguished merit and/or Ability <input type="checkbox"/> DACA Provide copy of documents and/or EAD card (copy) (go directly to Part III) <input type="checkbox"/> Other - Please specify: _____		B Write the date you received your most recent I-94 document (include 797 Notice of Change I-94's). _____ mm dd yyyy	
C Data collected in Section C determines your USA tax residency status NRA (Non-Resident Alien) or RA (Resident Alien) for Part III. List all USA entries and departures beginning with your very first entry into the USA on the first line of the table. Write the visa/travel type beside each date. If applicable, include all 797 Notice of Change 1-94 dates and visa/class. Use back of form if additional space is required.			Date entered USA (mm/dd/yyyy)	Date departed USA (mm/dd/yyyy)	Visa Class/Travel Document Type		

PART III	
DETERMINATION OF U.S. 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.	
Please check the appropriate box (1, 2, or 3) below to indicate your U.S. 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, signed and dated IRS Form W-9 .
2 <input type="checkbox"/>	I am a RESIDENT of the United States FOR TAX PURPOSES . I have met the Substantial Presence Test for residency. ATTACH a copy of your most recent I-94 document along with a completed, signed and dated IRS Form W-9 . For DACA - attach copy of EAD card along with a completed, signed, and dated IRS Form W-9 .
3 <input type="checkbox"/>	I am a NON-RESIDENT of the United States FOR TAX PURPOSES . I have NOT met the Substantial Presence Test for residency. Attach a copy of your most recent I-94 document .

To claim exemption from U.S. federal income tax, please complete IRS form 8233 and the appropriate Revenue Procedure form (87-8 for students or 87-9 for teachers/researchers). Submit forms each tax year to the payroll office to receive exemption.

PART IV	
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: _____ mm dd yyyy

PART V					
FOR PAYROLL OFFICE USE ONLY					
Date Entered ____ / ____ / ____	FICA Status _____	Country _____	Treaty End Date ____ / ____ / ____		
Entered by _____	FICA End Date ____ / ____ / ____	Inc. Code _____	Ceiling _____	No change to Enter _____	

SEND ORIGINAL TO PAYROLL