



**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 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**

<b>A CURRENT VISA TYPE / CLASS (CHECK ONLY ONE)</b> <input type="checkbox"/> Permanent Resident / Immigrant (go directly to Part III) <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"/> F-1 Student <input type="checkbox"/> H-1 Temporary employee of distinguished merit and/or Ability <input type="checkbox"/> J-1 Exchange Student <input type="checkbox"/> J-1 Exchange Visitor (not student visa) <input type="checkbox"/> Other - Please specify: _____			<b>B</b> What date did you receive your current I-94 card?  _____ mm      dd      yyyy											
<b>C</b> Visa type/class of your first entry into the USA: _____  Date of first entry: _____ mm      dd      yyyy	<b>D</b> All entries to the USA (used to determine non-resident or resident status): <table border="1"> <thead> <tr> <th></th> <th>Date entered USA</th> <th>Date left USA</th> <th>Visa type</th> </tr> </thead> <tbody> <tr> <td><b>USE THIS FORMAT for the DATES ENTERED:</b></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><b>MM/DD/YYYY</b></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Date entered USA	Date left USA	Visa type	<b>USE THIS FORMAT for the DATES ENTERED:</b>	_____	_____	_____	<b>MM/DD/YYYY</b>	_____	_____	_____
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<b>USE THIS FORMAT for the DATES ENTERED:</b>	_____	_____	_____											
<b>MM/DD/YYYY</b>	_____	_____	_____											

**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. (Copies available at the Payroll Office.)

Please check the appropriate box (1, 2, or 3) below to indicate your U.S. residency status for tax purposes.

1  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 (located at <http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3>).

2  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 I-94 card along with a completed, signed and dated IRS Form W-9 (located at <http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3>).

3  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 I-94 card.

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. <http://www.controller.psu.edu/Divisions/PayrollOffice/international.html>

**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 \_\_\_\_\_

