


# Bates | College

**Human Resources**  
**215 College Street**  
**Lewiston, Maine 04240-6706**  
**Phone: 207 786-6140**  
**Fax: 207 786-6170**

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 proper address.

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:

# Bates | College

## 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

# Bates | College

## 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:

# Bates | College

## 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

# Bates | College

## VISA IMMIGRATION ACTIVITY

Please list your current visa status in the first row.

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

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

# Bates | College

## SIGNATURE PAGE

I hereby authorize Bates College to release information contained on the Foreign National Information Form to Windstar Technologies, Inc., P.O. Box 800; 1504 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: \_\_\_\_\_