



STATE OF MISSOURI
 OFFICE OF ADMINISTRATION
 DIVISION OF ACCOUNTING
FOREIGN NATIONAL DATA REQUEST FORM

The information requested on this form is used to determine your U.S. tax withholding status. If you checked "An alien authorized to work until" when you completed the I-9 when you were hired, you must complete this form (1) **before beginning employment**, (2) **if your immigration status changes**, and (3) **at the beginning of each calendar year**. If you completed this form last year and there have been no changes, complete only Part 1 and Part 5 and only provide copies of documents which have changed. If you are a Lawful Permanent Resident, you do not need to complete this form.

**PLEASE ATTACH A LEGIBLE COPY OF:
 US VISAS ISSUED, BIO PAGE AND EXPIRATION DATE FROM YOUR PASSPORT, I-94 (Show Original Entry Date),
 ALL I-20s, DS-2019s, or I-797s ISSUED, AND EMPLOYMENT AUTHORIZATION CARD**

PART 1 – PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security Number
Street Address (US)			Name of University Overseeing Practical Training
City	State	Zip Code	State Agency
Home /Cell Phone	Work Phone	E-Mail Address	

Primary purpose of visit to the United States. Please check the appropriate line and attach the appropriate authorization:
Student: Practical Training **Student:** Other **Other** (Explain) _____

PART 2 – CITIZENSHIP AND IMMIGRATION STATUS INFORMATION

Citizen of	Country residing in prior to arriving in US (if different from citizenship.)	Current Immigration Status (F1, J1, etc)
Date originally entered USA	End Date on Work Authorization	

PART 3 – DETERMINATION OF RESIDENCE STATUS FOR FEDERAL TAX WITHHOLDING

Furnish the requested information below to show the number of days you will be or were present in the United States during the calendar year listed.

Calendar Year	Purpose: (for example, teacher, researcher, or student)	Immigration Status (F-1, J-1, etc)	Number of days expected to be or actually present in the U.S.
2010			
2009			
2008			
2007			
2006			

PLEASE CONTINUE TO THE BACK OF THE FORM

PART 3 – DETERMINATION OF RESIDENCE STATUS FOR FEDERAL TAX WITHHOLDING, CONT'D

List All Years Prior to 2005 Back to 1986 (omit brief vacations)

Calendar Year	Purpose: (for example, teacher, researcher, or student)	Immigration Status (F-1, J-1, etc)	Number of days actually present in the U.S.

PART 4 – CERTIFICATION

I certify that to the best of my knowledge and belief all the information I have provided is true, correct, and complete. If my status changes, I understand I am liable for any resulting increased tax liability.

Signed: _____ Date: _____

NOTE: Any tax treaties for which you are eligible may be claimed when you file your income tax return. Tax treaties are not processed through the state payroll system.

PART 5 – RE-CERTIFICATION – to be completed only in subsequent years with no change to immigration status

I certify that there has been no change in my immigration status. I have provided updated copies (changes only) of all requested documents. If my status changes, I understand I am liable for any resulting increased tax liability.

Signed: _____ Date: _____

AGENCY USE ONLY (First Step):

Verify that the following documents are attached and legible:

- US Visas issued
- All I-20s, DS2019s or I-797s issued
- Passport (Bio page and expiration date)
- Employment Authorization Card
- I-94 (show original entry date)

Forward the Data Request Form and all requested documentation to OA/Accounting. OA/Accounting will make the final determination as to whether the employee is a Resident or Nonresident Alien. Following OA/Accounting's review, the forms will be returned to the agency for final ESMT and TAX window update in SAM II HR.

OA ACCOUNTING USE ONLY (Second Step):

Substantial Presence Test (SPT) met? Y (Resident Alien) N (Nonresident Alien) If no, date SPT will be met: _____

The employee is:

A Resident Alien. A Nonresident Alien

Employee is taxed **exactly like a citizen**. No re-certification is required.

Employment status is "N". Employee is exempt from FICA taxes. Set the tax window to the **W-4 as required below**.

AGENCY USE ONLY (Final Step):

If the employee is a Nonresident Alien, the following is required:

- A. Employee's Employment Status on ESMT should be "N" unless they are a resident of India. If moving an employee to or from Employment status of "N", use Reason Code "C19" and note explanation in Remarks.
- B. W-4 must be completed as follows:
 - o Claim single marital status
 - o Claim only 1 withholding allowance unless a resident of India, Canada, Mexico or South Korea or a U.S. national.
 - o Write "Nonresident Alien" or "NRA" above the dotted line on line 6.
- C. The TAX window must be updated to reflect the W-4 as outlined above. Also, the employee is exempt from FICA withholding until residency status changes.

I have reviewed all of the information above and updated the ESMT & TAX windows in SAM II HR accordingly

Initials: _____ Date: _____

Instructions for completing Foreign National Data Request Form

Attach legible copies of US Visas issued, the Bio Page and Expiration Date from your passport, I-94 (showing your original entry date into the United States), all I-20s, DS-2019s or I-797s issued, and your Employment Authorization Card. Examples of each of these begin on the next page.

PART 1 – PERSONAL INFORMATION

Name: Enter employee name

Social Security number: Enter employee social security or tax identification number

Street Address: Enter home address in the United States

Name of University Overseeing Practical Training: If applicable, enter the name of the University the employee attends and which is providing the Practical Training.

City, State and Zip Code: Enter the City, State, and Zip Code for the home address.

Primary Purpose for visit to the United States: Mark the option that best describes the purpose for your visit. If choosing "Other" provide a brief explanation. Also, attach authorization for your visit if it is not included in the list of documents requested above.

PART 2 – CITIZENSHIP AND IMMIGRATION STATUS INFORMATION

Citizen of: Enter the Country of which you are a citizen.

Country residing in prior to arriving in the US: Enter the Country you resided in prior to arriving in the USA if different from your citizenship.

Current Immigration Status: Enter your current immigration status such as F1, J1, etc.

Date originally entered USA: Enter the date you originally entered the United States of America.

End Date on Work Authorization: Enter the end date on your work authorization.

PART 3 – DETERMINATION OF RESIDENCE STATUS FOR FEDERAL TAX WITHHOLDING

For each calendar year back to 1985, enter the purpose of your visit to the USA, your immigration status at the time of the visit and number of days you either were in the country or anticipate being in the country in the current year. For visits prior to 2005, omit brief vacations into the USA. Enter the most current 5 years on the front of the form; continue to the back of the form to enter previous years.

PART 4 – CERTIFICATION

Sign and date the form, thereby certifying that the information you have provided is true, correct and complete. You are responsible for notifying your payroll office if your immigration status changes. You are liable for any resulting increase in tax liability should your immigration status change.

Some countries have tax treaties with the USA. Tax treaties are not processed in the payroll system for Missouri state employees. You may claim any tax treaties for which you are eligible when you file your income tax return.

PART 5 – RE-CERTIFICATION

This section is to be completed only in years subsequent to the original form if you are determined to be a nonresident alien. After the original form is completed, you must provide an annual update, providing updated information and copies of new or revised documents. You must sign and date the form, thereby certifying that you have provided up-to-date information and that your immigration status has not changed.

Samples of Documents required for the Foreign National Data Request Form

I-797

Department of Homeland Security
U.S. Citizenship and Immigration Services

I-797A, Notice of Action



WAC-08-061-00000		PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE December 27, 2007	PRIORITY DATE	PETITIONER Joe International
NOTICE DATE January 22, 2008	PAGE 1 of 1	BENEFICIARY Joe International
Joe International 18 College Street College Town, USA		Notice Type: Approval Notice Class: H1B Valid from 03/01/2008 to 02/28/2011

The above petition and change of status have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Any change in employment requires a new petition. Since this employment authorization stems from the filing of this petition, separate employment authorization documentation is not required. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, *Arrival-Departure Record*. This should be turned in with the I-94 when departing the U.S. The left part is for his or her records. A person granted a change of status who leaves the U.S. must normally obtain a visa in the new classification before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-924, *Application for Action based on an Approved Application or Petition*, with this office to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

U.S. CITIZENSHIP & IMMIGRATION SVC
CALIFORNIA SERVICE CENTER
P. O. BOX 30111
LAGUNA NIGUEL CA 92607-0111
Customer Service Telephone: (800) 375-5283
Form I-797A (Rev. 09/07/93)N



PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt # **WAC-08-061-00000**
 I-94# **The 11-digit Admission Number is located here**
 NAME **Joe International**
 CLASS **H1B**
 VALID FROM **03/01/2008** UNTIL **02/28/2011**

PETITIONER:

Joe International
18 College Street
College Town, USA

The 11-digit Admission Number is located here

Receipt Number **WAC-08-061-00000**
 Immigration and
 Naturalization Service
 I-94
 Departure Record Petitioner: **UNIV OF MISSO**

14. Family Name International	
13. First (Given) Name Joe	16. Date of Birth 01/01/1981
17. Country of Citizenship Anywhere	

Form I-797A (Rev. 10/31/05) N

Samples of Documents required for the Foreign National Data Request Form

FORM I-20

U.S. Department of Justice Page 1
 Immigration and Naturalization Service Certificate of Eligibility for Nonimmigrant (F-1) Student
 Status - For Academic and Language Students (OMB NO. 1653-0038)

Please read Instructions on Page 2
 This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname):

First (without Middle)	Middle Name
Country of birth:	Date of birth (mo/day/year)
INDIA	06/01/1986
Country of citizenship:	Admission number:
INDIA	

2. School (School district) name:
 University of Missouri-Columbia
 University of Missouri-Columbia

School Official to be notified of student's arrival in U.S. (Name and Title):
 Christine Pfaff
 Admissions Evaluator, Graduate Admissions & Records

School address (include zip code):
 International Center
 NS2 Memorial Union
 Columbia, MO 65211

School code (including 3-digit suffix, if any) and approval date:
 KAN214F00435000 approved on 09/18/2008

For Immigration Official User

Visa having past	Date Visa issued

Reinstated, extension granted to:

SEVIS

Student's Copy
 N0005840045

3. This certificate is issued to the student named above for:
 Initial attendance at this school.
4. Level of education the student is pursuing or will pursue in the United States:
 MASTER'S
5. The student named above has been accepted for a full course of study at this school, majoring in Mechanical Engineering. The student is expected to report to the school no later than 01/22/2009 and complete studies not later than 12/18/2011. The normal length of study is 36 months.
6. English proficiency:
 This school requires English proficiency. The student has the required English proficiency.
7. This school estimates the student's average costs for an academic term of 12 (up to 12) months to be:
- | | | |
|--------------------------------------|-----------|------------------|
| a. Tuition and fees | \$ | 14,764.00 |
| b. Living expenses | \$ | 11,660.00 |
| c. Expenses of dependents (0) | \$ | 0.00 |
| d. Other (specify): health insurance | \$ | 345.00 |
| Total | \$ | 27,369.00 |

8. This school has information showing the following as the student's means of support, estimated for an academic term of 32 months (Use the same number of months given in item 7).
- | | | |
|------------------------------|-----------|------------------|
| a. Student's personal funds | \$ | 0.00 |
| b. Funds from this school | \$ | 0.00 |
| Specify type: | | |
| c. Funds from another source | \$ | 27,369.00 |
| Specify type: Parent | | |
| d. On-campus employment | \$ | 0.00 |
| Total | \$ | 27,369.00 |
9. Remarks: ****All fees are subject to change without notice and are payable each semester. HEALTH INSURANCE IS MANDATORY.**

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

[Signature]
 Admissions Evaluator, G-
 Graduate Admissions & Recruit

Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
			11/18/2008	Columbia, MO

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Name of Student	Signature of Student	Date
Name of parent or guardian if student under 18	Signature of parent or guardian	Address (city) (State or Province) (Country) (Date)

Samples of Documents required for the Foreign National Data Request Form

FORM DS-2019



U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

<p>1. Applicant Name: Armenian Country of Birth: ARMENIA Country of Issue: FRANCE Passport Number: FR Category: STUDENT</p>		<p>EXCELLENT</p> 
<p>2. Program Sponsor: PROFESSOR, RESEARCHER, STUDENT ASSOCIATE, STUDENT EXCHANGER, STUDENT OBSERVER, STUDENT ATTORNEY, STUDENT NURSING, STUDENT AIR-CARRIER</p>		
<p>3. Program Dates: Start Date: 01-01-2009 End Date: 01-01-2011</p>		
<p>4. Financial Resources: Source of Funds: Self Amount: \$10,000</p>		
<p>5. Signature of Applicant: Signature: <i>[Signature]</i> Date: 01-01-2009</p>		
<p>6. Signature of Program Sponsor: Signature: <i>[Signature]</i> Date: 01-01-2009</p>		

Sample

U.S. DEPARTMENT OF STATE
 OFFICE OF EXCHANGE VISAS
 1600 PENNSYLVANIA AVENUE, N.W.
 WASHINGTON, D.C. 20520
 TEL: 202-456-5000
 FAX: 202-456-5001

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