



The Foreign National Information Form MUST be completed and returned before you can receive any form of payment. All applicable questions below must be answered. All information entered on this form will be held in strict confidence and will be used for tax compliance purposes only. Instructions for completing this form are available at the bottom.

SECTION I - PERSONAL INFORMATION

1. Name and Information

Legal Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

DBA: \_\_\_\_\_ Phone: \_\_\_\_\_ BroncoID: \_\_\_\_\_

2. U.S. Local Address

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Foreign Resident Address:

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Province/Subdiv: \_\_\_\_\_

Foreign Country: \_\_\_\_\_

4. Describe the business transaction with Cal Poly Pomona:

\_\_\_\_\_  
\_\_\_\_\_

5. Payee Type (select only one):

Individuals, Single Member LLCs Complete SECTION II and SECTION IV

Individuals, Undocumented & DACA Students Complete only SECTION IV

Corporations, Partnerships, LLCs taxed as Corporations, Tax-Exempt Entities Complete SECTION III and SECTION IV

6. Location of Services:

Are all services performed outside of the United States? Yes No \*Calendar Year: January 1 to December 31

If Yes AND you have not been in the United States for more than 31 calendar days this calendar year\*, skip to the SIGNATURE REQUIRED section.

SECTION II - INDIVIDUALS

7. Date of Birth: \_\_\_\_\_ 8. Social Security Number or ITIN: \_\_\_\_\_

9. Country of Citizenship: \_\_\_\_\_ 10. Tax Residency (if different): \_\_\_\_\_

11. Married? Yes No 12. Passport Number: \_\_\_\_\_ 13. Passport Expiration: \_\_\_\_\_

14. Current Immigration Status (select only one): F-1 Student (includes OPT and CPT) B-1 Status J-1 Status | List J-1 Type: \_\_\_\_\_ B-2 Status Other: \_\_\_\_\_

15. Current status expiration date: \_\_\_\_\_ 16. If expiring this year, plan to renew? Yes No

17. Primary purpose of entering the United States: \_\_\_\_\_

18. If receiving a honorarium: Is the honorarium for an academic activity? Yes No

Are you on campus longer than 9 days? Yes No

Did you receive honorarium from more than 5 educational institutions in the past 6 months? Yes No

# FOREIGN NATIONAL INFORMATION FORM

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**PLEASE LIST ANY U.S. VISA IMMIGRATION ACTIVITY:**

| Date of Entry<br>(mm/dd/yyyy) | Date of Exit<br>(mm/dd/yyyy) | Visa Immigration<br>Status | If J-1, Enter<br>Subtype | Primary Activity | Have you taken any Treaty<br>Benefits? Enter yes or no. |
|-------------------------------|------------------------------|----------------------------|--------------------------|------------------|---|
|                               |                              |                            |                          |                  |   |
|                               |                              |                            |                          |                  |   |
|                               |                              |                            |                          |                  |   |
|                               |                              |                            |                          |                  |   |
|                               |                              |                            |                          |                  |   |
|                               |                              |                            |                          |                  |   |

**REFERENCE INFORMATION FOR THE ABOVE TABLE:**

**SAMPLE IMMIGRATION STATUS:**

- US Immigrant/Permanent Alien
- F-1 Student
- H-1 Temporary Employee
- J-1 Exchange Visitor
- J-2 Spouse or Child of Exchange Visitor
- O-1 Alien of Extraordinary Ability/Arts
- O-2 Personnel Accompanying O-1 Alien
- P-1 Int'l Renowned Performing Group
- P-3 Culturally Unique Performers/Group

**SAMPLE J-1 SUBTYPES:**

- 01 Student
- 02 Short Term Scholar
- 05 Professor
- 12 Research Scholar

**PRIMARY ACTIVITIES:**

- 01 Studying in Degree Program
- 02 Studying in Nondegree Prog
- 03 Teaching
- 04 Lecturing
- 05 Observing
- 06 Consulting
- 07 Conducting Research

- 08 Training
- 09 Demonstrating Special Skills
- 10 Clinical Activities
- 11 Temporary Employee
- 12 Here with Spouse

**SECTION III: BUSINESS ENTITIES AND BUSINESS INCOME**

**19. Business Type (select only one):**

- C Corporation
- S Corporation
- Limited Liability Company
- Partnership
- Non-profit
- Trust
- Other: \_\_\_\_\_

**20. Does your business have a permanent location in the U.S.?**    Yes    No

**21. Does your business have a permanent location in California?**    Yes    No

**22. Effectively Connected Income**

Please complete an [IRS W-8ECI](#) form and submit with this form if all statements apply:

- 23. You are not a U.S. person,**
- 24. You are the beneficial owner of the transaction's income or engaged in a U.S. trade or business,**
- 25. You claim the income is connected of a trade or business in the U.S.**

**SECTION IV: SIGNATURE REQUIRED**

I hereby certify that all of the above information is true 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 Tax Specialist at [ewshore@cpp.edu](mailto:ewshore@cpp.edu).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For individuals, submit this form along with the following:**

| F- Student                   | J-1 Status (any)                | B-1 or B-2                           |
|------------------------------|---------------------------------|--------------------------------------|
| Current I-20<br>Current I-94 | Current DS-2019<br>Current I-94 | I-94 or Visa Waiver<br>documentation |

For questions, please contact Cal Poly Pomona Tax Specialist, Edward Shore, at [ewshore@cpp.edu](mailto:ewshore@cpp.edu).