

FOREIGN NATIONAL PAYMENT DATA FORM

All services will be performed outside the U.S. Yes____ No____

If yes, complete only Part 1, items 1, 3, 4, and 5. Country where services will be performed_____

If no, complete the entire form (to be completed by the foreign national).

The information provided and attached to this form will be used to determine federal tax withholding requirements for compensation that you receive from Western Michigan University. Please provide all information requested. Failure to do so may result in improper withholding of taxes and/or assessment of penalties by the Internal Revenue Service.

Note to departments: Submit completed form with all necessary attachments to Payroll and Disbursements (See appropriate checklist).

Part 1 - PERSONAL INFORMATION

U.S. SOCIAL SECURITY NUMBER

1. U.S. SSN OR ITIN*

2. Payment type (please check one)

OR U.S. INDIVIDUAL TAXPAYER

Travel

Independent Contractor

IDENTIFICATION NUMBER (IF ANY)*

Student

Honorarium

* We are requesting this per IRC Section 1441

Other:

3. Name (Last)

(First)

(Middle)

CITIZENSHIP AND NONIMMIGRANT VISA STATUS INFORMATION

4. Country of Citizenship

5. Country of Residence

6. When does your permission to stay in the U.S. expire? Date:

7. When does your work authorization expire? Date:

8. Permanent mailing address in country of residence

CURRENT VISA STATUS

9. After arrival in the U.S., visa status will be verified by the I-94 or I-94W and a copy of picture page of passport for all foreign nationals. By signing this form you are giving Western Michigan University permission to retrieve your I-94 directly from the CBP website at: <https://i94.cbp.dhs.gov/i94/#/home>

B-1 Business

WB Business Waiver

H-1B Temporary Worker

B-2 Tourist

WT Tourist Waiver

J-1 Non-student Exchange Visitor

F-1 Student (must attach copy of I-20)

Canadian without visa

(must attach copy of DS-2019)

Employment Authorization Card

specify name of sponsoring

Other (specify):

institution
