

LOUISIANA STATE UNIVERSITY HEALTH SCIENCE SYSTEM

Alien Tax Information Request

All non-U.S. citizens who receive compensation from Louisiana State University Health Science Center must complete this form.
The information you provide is used to determine your residency status for the purposes of U.S. tax withholding.

Please print.

1. PERSONAL INFORMATION

Last Name	First Name	Middle	U.S. Social Security Number
Street Address (In home Country)			
Postal Code	Province/Region	City	Country

2. STUDENT INFORMATION

Name of Academic Department	Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have attended or currently attending another U.S. educational institution, provide: Name of educational institution: Period of attendance: From _____ to _____ Degree Granted (if any): _____	Did you receive tax treaty benefits at another U.S. educational institution during the current year? <input type="checkbox"/> Yes <input type="checkbox"/> No

3. IMMIGRATION & ALIEN TAX INFORMATION

(Permanent residents with Green Cards may skip section 3.g, but must provide copy of documentation)

a. Date of first U.S. entry	b(1). Visa type upon first U.S. entry	b(2). If you arrived on spouse/dependent visa, what was the visa type of the primary visa holder (ex. visa type/student or non student)?
c. Current Visa type (check appropriate box): <input type="checkbox"/> F-1 Student <input type="checkbox"/> F-1 Student (on practical training) <input type="checkbox"/> F-2 Spouse/Dependent of F-1 <input type="checkbox"/> H-1 Distinguished Worker <input type="checkbox"/> J-1 Student <input type="checkbox"/> J-1 Student (on "academic training") <input type="checkbox"/> J-2 Spouse/Dep. of J-1 Student <input type="checkbox"/> TN – NAFTA Free Trade <input type="checkbox"/> Other J-1 Visitor (_one) <input type="checkbox"/> Short-term scholar <input type="checkbox"/> Professor <input type="checkbox"/> Research Scholar <input type="checkbox"/> Other <input type="checkbox"/> U. S. Permanent Resident (must provide documentation; e.g., copy of green card, etc.)		d. Country of Birth e. Country of Citizenship f. Country of Residence (for tax purposes)
g. Furnish the requested information to detail the number of days you were physically present in the United States during the calendar years listed below. Note: The term "calendar year" refers to the period January 1 to December 31.		

	Calendar Year (e.g. 19)	Number of days present in U.S. during the year	Date of Entry	Date of Exit	Visa	J-1 Sub type (if applicable)	Did you receive tax treaty benefits?
Current Calendar year	2024						<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Calendar year							<input type="checkbox"/> Yes <input type="checkbox"/> No
Two years ago							<input type="checkbox"/> Yes <input type="checkbox"/> No
Three years ago							<input type="checkbox"/> Yes <input type="checkbox"/> No
Four years ago							<input type="checkbox"/> Yes <input type="checkbox"/> No
Five years ago							<input type="checkbox"/> Yes <input type="checkbox"/> No
Six years ago							<input type="checkbox"/> Yes <input type="checkbox"/> No

RESIDENCE FOR TAX PURPOSES

Under Internal Revenue Service definitions,
For tax purposes I am considered a

☐ RESIDENT ALIEN ☐ NONRESIDENT ALIEN

4. CERTIFICATION OF INFORMATION

I certify to the best of my knowledge, all of the information I have provided above is true, correct and complete. Also, I understand it is my responsibility to keep my employment authorization documents including passport, IAP-66, I-20, I-688B, or other INS employment authorization current (un expired) at all times. To avoid being removed from the University payroll, I will inform Payroll of any extensions, renewals, or changes in status by completing an I-9 form in the International Services Office by the expiration date of the employment documentation.

Signature

Date Completed: