

# Nonresident Intake and Information Form

## PURPOSE

This form must be completed before you can receive any form of payment. All applicable questions below must be answered. The following documents must be attached to this completed form:

1. Copy of Passport; 2. Copy of Visa; 3. Copy of I-94 Departure Record;
4. Copy of Social Security card or ITIN card; 5. Copy of Form I-20 or Form IAP66/DS2019.

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## PERSONAL / PASSPORT INFORMATION

Last or Family Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
SSN or ITIN: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/Day/Year)  
Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_  
U.S. Telephone No. (Work): \_\_\_\_\_ U.S. Telephone No. (Home): \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Country that Issued Passport: \_\_\_\_\_  
Passport No.: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/Day/Year)  
Visa No: \_\_\_\_\_

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## ADDRESSES

U.S. Local Street Address: \_\_\_\_\_ Foreign (Home) Residence Address (No P.O. Box):  
Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_ City: \_\_\_\_\_ City Postal Code: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Province/Region: \_\_\_\_\_  
Region Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_

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## CURRENT IMMIGRATION STATUS

U.S. Immigrant/Permanent Resident  F-1 Student  OTHER: \_\_\_\_\_  
 H-1B Temporary Worker  J-2 Dependent  
 J-1 Exchange Visitor  DACA  
--IF J-1 Exchange Visitor, what category?  
 Student  Professor  Research Scholar  Short Term Scholar  Other: \_\_\_\_\_

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## PRIMARY ACTIVITY DURING THIS VISIT (Choose only one)

Studying in a degree program  Observing  Demonstrating special skills  
 Studying in a non-degree program  Consulting  Clinical activities  
 Teaching  Conducting research  Temporary employment  
 Lecturing  Training  Here with spouse

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## ADDITIONAL INFORMATION

What is the date you first entered the United States? Please estimate if unknown. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/Day/Year)  
(This date is the first trip you ever made to the United States)

What was the start date of your immigration status for the current activity? \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/Day/Year)  
(This date is stamped on your visa and I-94 Departure Record)

What is the projected end date of your primary activity? \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/Day/Year)  
(In many cases, this is the completion date on your immigration document.)

If you are a student, at what level do you study?  Undergraduate  Masters  Doctoral  Other: \_\_\_\_\_

Describe the activity that will result in U.S. income (i.e. employee, professor of physics, consulting, teaching assistant, food service worker, scholarship, contest prize, etc.): \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of agency/department providing the income: \_\_\_\_\_ Amount: \_\_\_\_\_\*

\* For Wages the amount should be the estimated annual income (Calendar Year)

Payment Type:  Wages  Scholarship  Honorarium  Other \_\_\_\_\_

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