

1. General Information

Foreign National Information Form

This Form must be completed before you can receive any form of payment from the University of Hawaii Foundation

Section A. PERSONAL INFORMATION

Last Name	9	First	First		Middle		US Social Security Number or ITIN No	
Country of	Citizenship		Country of Residence		ce for Tax Purpose		ess	
Are you a	mployed anywhere? [] YES [] NO] YES [] NO I Number 8	f you answered "YES Street	5", please pro	vide your employer City / Province	s information:	Sta	te Postal Code
2. US Mai	ling Address							
Number and				City			Sta	te Zip Code
3. Foreign	Mailing Address							
Number and	d Street			City/Province			Country	Postal Code
	B. US IMMIGRATIO	ON ACTIVITY						
	t Visa Status							
Date of US	S Entry E	Expiration Date of	Current Visa	Intended	Length of Stay (Day	/s)	Anticipat	ted Departure Date
Current V	isa Type (check appropri	ate box):			e primary purpose			
 F-1 Student J-1 Student J-1 Visitor (Non-Student) B-1/WB Visitor for Business B-2/WT Visitor for Pleasure (Tourist) Other INS Classification (liststatus): 			Studying/Training/Research in a Degree Program Studying/Training/Research in a Non-Degree Program Training/Research as a Post-Doctoral Fellow Providing Service as an Independent Contractor (e.g., consulting, conducting a workshop, etc.) Other:					
	the first time you have e	ntered the United	d States?	[]YES	[] NO			
	sa History e number of days you wel	re or will be physi	cally present in the U	nited States.	Note: Calendar yea	ar refers to the	period Jar	nuary 1 - December 31.
Calendar Year	Enter Visa Type/INS classification held while present in the US durin the listed calendaryea	e will be ng durir	period(s) when you we physically present in 19 the listed calendar 2 mm/dd/yy, e.g., 01/01/	the US year.	Number of days present in the United States?	Are you le	aving the year?	Have you taken any treaty benefits during the listed year?
2023						[]YES	[] NO	[]YES []NO
2022								[]YES []NO
2021								[]YES []NO
2020								[]YES []NO
2019								[]YES []NO
2018								[]YES []NO
2017								[]YES []NO
2016								[]YES []NO

4. Please list all F, J, M or Q Visas since January 1, 1985 not listed in Section B, 3.							
Calendar Year	Enter Visa Type/INS classification held while present in the US during the listed calendaryear	Enter period(s) when you were physically present in the USduring the listed calendar year. (list dates as mm/dd/yy, e.g., 01/01/12 – 12/31/12	Number of days present in the United States?	Are you leaving the US this year?	Have you taken any treaty benefits during the listed year?		
					[]YES []NO		
					[]YES []NO		
					[]YES []NO		
					[]YES []NO		
					[]YES []NO		

Section C. Tax Status Determination

For F, J, M or Q Visaholders, please note the following:

• For F, J, or M Student Visaholders: Do NOT count any days during your first 5 years in the United States in which you

held an F, J, or M student visa.

For J or Q Non-Student Visaholders: Do NOT count any days during your first 2 years in the previous 6 years in the

United States in which you held a J or Q Non-Student visa.

CALENDAR YEAR	ENTER TOTAL NUMBER OF DAYS YOU WERE OR ARE PRESENT IN THE UNITED STATES FOR EACH YEAR (A)	RATIO (B)	CALCULATE TOTAL NUMBER OF DAYS TO COUNT FOR EACH YEAR (A X B)
2023		1	
2022		1/3	
2021		1/6	
		TOTAL # OF DAYS	

STEP	2:	Please	answer	the	following	questions:
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A.	Does the TOTAL NUMBER OF	F DAYS TO COUNT	for the current calendar	r year equal to 31 days or more?	YES	[] NO
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[]YES []NO

B. Does the TOTAL # OF DAYS for all three years equal to 183 days or more?

STEP 3: Determine your tax status:

- If you marked "YES" to both questions A and B, then you passed the Substantial Presence Test and will be treated as a **RESIDENT ALIEN (RA) FOR TAX PURPOSES** for this calendar year.
- If you marked "No" to one or both questions, then you did <u>not</u> pass the Substantial Presence Test and will be treated as a **NONRESIDENT ALIEN FOR TAX PURPOSES** for this calendar year. All Payments made to Nonresident Aliens are subject to US federal tax withholding at a statutory rate of 30%.

Section D. CERTIFICATION OF INFORMATION PROVIDED ON THIS FORM

Under penalties of perjury, I certify the information entered above is correct; and if a reduced rate of exemption from tax applies, I further certify that I have complied with all tax treaty requirements to qualify for the reduced rate. (For Resident Aliens, IRS has not notified me of backup withholding.)				
Signature:	Date:			