

University of Connecticut Health Center Alien Information Collection Form

The information requested below is strictly confidential and will be used for tax withholding and reporting purposes only. This information will allow the University of Connecticut Health Center to determine your U.S. residency status for tax purposes and is not associated with immigration or visa classification. All questions regarding IRS reporting and withholding rules and completion of this form should be directed to Jaishree Duggal at (860) 679-4430 for employees and students or Normand Genest at (860) 679-3942 for others.

This Form Cannot Be Filled Out On-Line

PLEASE COMPLETE ALL APPLICABLE QUESTIONS

A. PERSONAL INFORMATION

NAME (Last or Family)	First or Personal	Middle	COUNTRY OF CITIZENSHIP	SOCIAL SECURITY/INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER
U.S. ADDRESS (Street)			ADDRESS IN HOME COUNTRY (Street)	
CITY	STATE	ZIP CODE	CITY	COUNTRY
PHONE NUMBER (Home)		(Work)	DEPARTMENT	(Phone)
What is your relationship with the University of Connecticut Health Center? (check all that apply)			PASSPORT NUMBER & EXP. DATE	VISA NUMBER (see definitions)
<input type="checkbox"/> Employee <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Guest Speaker/Consultant				

B. DEFINITIONS

Because some of the language on this form may be confusing, before you begin to complete the questions below, please read the following definitions:

CALENDAR YEAR: For U.S. tax purposes, a person is considered to be in the U.S. for a "calendar year" if he or she is present during one or more days between the period of January - December 31. For example, if you are present in the U.S. from December 15-31, you are in the U.S. for one full calendar year, even though you are only here for 17 days.

ORIGINAL DATE OF ENTRY TO THE U.S.: You may enter and leave the U.S. many times during the period of your study or research in the U.S. (for vacation, holidays or summer break.) The original date of entry to the U.S. in your current visa status is the **first** date that you arrived in the U.S. to begin your study, teaching, research, etc., **not** the last date that you entered the U.S.

VISA STATUS: When completing this form, all questions concerning "visa status" refer to the category of visa that you currently hold. Your "visa status" is marked on the visa stamp/sticker in your passport and/or on your Form I-94 (see below). For example, if you are a student, your visa status may be F-1 or J-1.

FORM I-20: A Form I-20 is a white form which is sent to all F-1 students by the **University of Connecticut Health Center** or other sponsoring organization; it lists the details of your program of study in the U.S.

FORM IAP-66: A Form IAP-66 is a pink form which is given to all J-1 visaholders by the **University of Connecticut Health Center**; it lists the details of your program in the U.S. There are several categories of J-1 visas that are issued; the category of your J-1 visa is stated in section 4 of the Form IAP-66. For example, section 4 of the Form IAP-66 will state whether you are a J-1 student, J-1 professor, J-1 research scholar, etc.

FORM I-94: A Form I-94 is your Arrival/Departure card (the small white card stapled in your passport). The date written on this card is the date on which your permission to stay in the U.S. expires; if "D/S" is written on your card, use the expiration or completion date found on your Form I-20 or IAP-66.

VISA NUMBER: The number found in the lower right corner of the visa stamp/sticker in your passport, usually written in red.

C. CURRENT IMMIGRATION STATUS

<p>My current immigration status is: (Mark only one box)</p> <p> <input type="checkbox"/> Permanent Resident/Immigrant (Complete Sections E and F; do not complete Section C or D) <input type="checkbox"/> F-1 Student / Admission # _____ <input type="checkbox"/> H-1B Employee <input type="checkbox"/> J-1 Student (as indicated on Form IAP-66) <input type="checkbox"/> B-1 Visitor <input type="checkbox"/> J-1 Professor, Research Scholar, Trainee, <input type="checkbox"/> Other: _____ Alien Physician, Short-Term Scholar, or Specialist </p>	<p>Original date of entry to U.S. on current visa status:</p> <hr/> <p>When does your permission to stay in the U.S. expire? (i.e. expiration date of current I-94, IAP-66, I-20 or EAD)</p> <hr/> <p>Institution sponsoring your visa:</p> <hr/> <p>Estimated date of departure from the U.S.:</p> <hr/>
<p>Have you ever been in the U.S. prior to your visit to the University of Connecticut Health Center? If yes,</p> <p>Entry Date _____ Exit Date _____ / Visa _____ / Subtype if J-1 _____</p> <p>Entry Date _____ Exit Date _____ / Visa _____ / Subtype if J-1 _____</p> <p>Entry Date _____ Exit Date _____ / Visa _____ / Subtype if J-1 _____</p>	
<p>Have you attended and/or are you currently attending another U.S. educational institution? If yes, please provide the following information:</p> <p>Name of Institution(s): _____ Period(s) of Attendance: _____</p>	

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

D. RESIDENT ALIEN/NONRESIDENT ALIEN DETERMINATION

STEP 1	<p><input type="checkbox"/> I am a STUDENT on an F-1 or J-1 visa AND I have been in the U.S. as a student for a total of five or fewer calendar years.</p> <p><input type="checkbox"/> I am a PROFESSOR, RESEARCH SCHOLAR, TRAINEE, ALIEN PHYSICIAN, SHORT-TERM SCHOLAR, or SPECIALIST on a J-1 visa AND I have been in the U.S. as such for a total of two or fewer of the past six calendar years.</p> <p>If you marked either box, you are a NONRESIDENT ALIEN for tax purposes. Complete Sections E and F, do not complete Step 2.</p> <p>If you <u>did not</u> mark either box above, complete STEP 2</p>																									
STEP 2 SUBSTANTIAL PRESENCE TEST	<p>Step 2 involves a calculation of the number of days that you have been physically present in the U.S. For purposes of this calculation, DO NOT include in your calculation any days that you are or were present in the U.S. as:</p> <ul style="list-style-type: none"> • A Student, or dependent of a Student, on an F or J category visa (during the first five calendar years you are/were present in the U.S.) • A Professor, Research Scholar, Trainee, Alien Physician, Short-Term Scholar, Specialist or dependent of a Professor, Research Scholar, Trainee, Alien Physician, Short-Term Scholar, or Specialist on a J category visa (during the first two calendar years of the past six calendar years you are/were present in the U.S.) <p>Example: If you arrived in the U.S. for the first time on August 15, 1998, as a J-1 research scholar and you have been in the U.S. since that date, do not include in your calculation the days that you are or were present in the U.S. for the first two calendar years (1998 and 1999). For this example, you would begin to count the number of days present in the U.S. from January 1, 2000, until the present.</p> <p>Example: If you arrived in the U.S. for the first time on September 1, 1997 as an F-1 student and you have been in the U.S. since that date, do not include in your calculation the days that you are or were present in the U.S. for the first five calendar years (1997, 1998, 1999, 2000 and 2001.) For this example, you would begin to count the number of days present in the U.S. beginning on January 1, 2002.</p> <p><i>Note: If you have no days in a calendar year to include in your calculations, enter a "0" (zero) on the line for "Number of Days in U.S."</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%; text-align: center;">YEAR</th> <th style="width: 15%; text-align: center;">NUMBER OF DAYS IN U.S.</th> <th style="width: 10%;"></th> <th style="width: 30%; text-align: center;">CALCULATION FOR SUBSTANTIAL PRESENCE</th> </tr> </thead> <tbody> <tr> <td>Current Year</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">X 1 =</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>1st Preceding Year</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">X 1 /3 =</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>2nd Preceding Year</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">X 1/6 =</td> <td style="text-align: center;">_____</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> <p style="text-align: center;">If the Total is less than 183; you are a NONRESIDENT ALIEN for tax purposes. If the Total is equal to or greater than 183; you are a RESIDENT ALIEN for tax purposes.</p>		YEAR	NUMBER OF DAYS IN U.S.		CALCULATION FOR SUBSTANTIAL PRESENCE	Current Year	_____	_____	X 1 =	_____	1st Preceding Year	_____	_____	X 1 /3 =	_____	2nd Preceding Year	_____	_____	X 1/6 =	_____	TOTAL				_____
	YEAR	NUMBER OF DAYS IN U.S.		CALCULATION FOR SUBSTANTIAL PRESENCE																						
Current Year	_____	_____	X 1 =	_____																						
1st Preceding Year	_____	_____	X 1 /3 =	_____																						
2nd Preceding Year	_____	_____	X 1/6 =	_____																						
TOTAL				_____																						

E. SUMMARY OF RESIDENCY STATUS FOR U.S. TAX PURPOSES

<p><input type="checkbox"/> I certify that I am a lawful PERMANENT RESIDENT or IMMIGRANT ALIEN. Please return this form to the University of Connecticut Health Center official who requested this information.</p> <p><input type="checkbox"/> I certify that I am a RESIDENT ALIEN for tax purposes based on the results of the substantial presence test completed in Section D, Step 2. Please return this form to the University of Connecticut Health Center official who requested this information.</p> <p><input type="checkbox"/> I certify that I am a NONRESIDENT ALIEN for tax purposes based on the results of the substantial presence test completed in Section D, Step 2. Failure to complete any required additional forms will result in the automatic withholding of tax at the maximum rates.</p>	
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F. MISCELLANEOUS

The following information is needed for immigration purposes but has no bearing on you tax status:

Marrital Status: Single Married

Number of dependents in the U.S. _____

Names and ages: 1) _____
 2) _____
 3) _____
 4) _____

Health Insurance Covered by _____

Policy # _____

Faculty Advisor/Sponsor _____

MC # _____ Ext. _____

Date of Birth _____

G. EMERGENCY CONTACT

In case of emergency please provide us with the name and address of a relative or friend, either in the U.S. or out of the country, who should be notified:

Name: _____ Phone Number: _____

Address: _____

H. CERTIFICATION

I hereby certify that the information provided above is true and correct. If I receive an extension of my visa status or if my visa/immigration status changes, I will notify a Nonresident Alien Tax Specialist at (860) 679-4430 for employees and students and (860) 679-3942 for others.

 SIGNATURE

 DATE

FOR INTERNAL USE ONLY

Residency Status	Residency Status Change Date	Tax Rate	Tax Treaty Expiration Date	Dollar Limit	FICA Expiration Date	Review/Date