WVU Tax Services
Instructions for Foreign National Requesting
Courtesy Access to WVU Systems and Campuses
**Individual is physically present in the United States**

1. The Department requesting access for the visiting Foreign National should have the individual contact the WVU Tax Services Unit and request an appointment with Marie Jackson at (304) 293-3379 extension 3.

2. The individual should report to WVU Tax Services with the following documents:
   - Social Security Card (if available)
   - Passport
   - VISA
   - I-94 Card
   - Other documents if available (DS-219, I-20, etc.)

3. Tax Services will review the individual’s documentation and have the individual complete the Foreign National Information Form for Courtesy Assignment including all dates of entry and exit into the United States and the Courtesy Access Information Statement.
   **Both forms will be provided by the Tax Services unit**

4. After the WVU Tax Services Unit has meet with the individual, notification will be submitted to the Department as to the information required for access to be granted.
   - If the individual has a social security number, the Department will be advised by the WVU Tax Services Unit to submit a Hiring Wizard form request for the individual through Payroll & EPS. Entry into MAP of a courtesy access request should also include the WVU employee who is sponsoring or directly working with the Foreign National and the Department name.
   - If the individual does not have a social security number, the Department will be advised to submit a request to the OIT office regarding access.

5. Notification will be submitted to OIT by the WVU Tax Services Unit concerning the individual.

6. Upon receipt by OIT of information from the WVU Tax Services Unit and from the Department (either through a Hiring Wizard form or direct request to OIT), access can then be granted by OIT.
WEST VIRGINIA UNIVERSITY
FOREIGN NATIONAL INFORMATION FORM – COURTESY ASSIGNMENT

See instructions Page 2.

(1) LAST NAME: ___________________ FIRST: ___________________ MIDDLE: ___________________

(2) SOCIAL SECURITY # ___________________ (3) WVU ID # ___________________ (4) BIRTHDATE: ___________________(MM/DD/YYYY)

(5) U.S. LOCAL STREET ADDRESS:
________________________________________________________________________
________________________________________________________________________
City: ___________________ State: ___________________ Postal Code: ______________

<table>
<thead>
<tr>
<th>6) FOREIGN RESIDENCE ADDRESS:</th>
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<tbody>
<tr>
<td>City: ___________________</td>
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<tr>
<td>Country: ___________________</td>
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(9) Passport #: ___________________ (10) Visa #: ___________________ (11) Passport Expiration Date: ___________________(MM/DD/YYYY)

(12) I-94#: ___________________

(13) Have you ever had another immigration status in the United States?  □ Yes □ No If yes, see page 2.

(14) IMMIGRATION STATUS
□ Conditional Permanent Resident  □ F-1 Student □ F-2 Dependent  □ J-2 Dependent
□ J-1 Exchange Visitor  □ H-1B Temporary Employee □ Greencard Pending  □ Asylum
□ O-1 Distinguished Merit/Ability  □ TN □ Other:

(15) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE?
□ Student  □ Professor  □ Research Scholar
□ Short Term Scholar □ Alien Physician □ Other:

(16) WHAT IS THE ACTUAL PRIMARY ACTIVITY OF YOUR VISIT?
□ Studying in a Degree Program¹  □ Observing □ Demonstrating Special Skills  □ Other:
□ Studying in a Non-Degree Program¹  □ Consulting □ Clinical Activities
□ Teaching  □ Conducting Research □ Temporary Employment
□ Lecturing  □ Training □ Here with Spouse

(17) WHAT IS THE ACTUAL DATE YOU FIRST ENTERED THE UNITED STATES? ___________________(MM/DD/YYYY)

(18) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY? ________________(MM/DD/YYYY)

(19) WHEN DOES YOUR WORK AUTHORIZATION EXPIRE? ___________________(MM/DD/YYYY)

(20) ACTIVITY?

(21) STUDENT TYPE?
□ Undergraduate □ Masters □ Yes □ No Number of dependents ____________
□ Doctoral □ Other

(22) SPOUSE IN U.S.?
□ Yes □ No

(23) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS:
Do you/will you have an office (fixed based) in the USA?  □ Yes □ No
If yes, how many days in this tax year did you/will you have an office (fixed base)? ____________ (days)

(24) COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS:
________________________________________________________________________
Did tax residency end?  □ Yes □ No
If yes, when? ___________________(MM/DD/YYYY)

____________________________
## WEST VIRGINIA UNIVERSITY
### FOREIGN NATIONAL INFORMATION FORM (Page 2)

<table>
<thead>
<tr>
<th>Date of Entry</th>
<th>Date of Exit</th>
<th>Visa Immigration Status</th>
<th>Primary Activity</th>
<th>Have You Taken Any Treaty Benefits?</th>
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I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this form I must notify Tax Services.

Signature: ___________________________  Local Phone Number: ___________________________  Date: ___________________________

E-mail Address: ___________________________

### HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM:

1. Name: Enter your full name.
2. Social Security Number: Enter U.S. social security number issued by the U.S. Social Security Administration. If none, leave blank.
3. WVU ID#: Enter your 9-digit student ID number, if applicable.
4. Birthdate: Enter your date of birth.
5. Local Street Address: Enter your local U.S. address.
6. Foreign Residence Address: Enter your foreign address.
7. Country of Citizenship: Enter the country of which you are a citizen.
8. Country that issued Passport: Enter the country that actually issued your passport, not the country where it was issued.
9. Passport #: Enter your passport number.
10. Visa #: Enter the red, 8-digit number on your visa.
11. Passport Expiration Date: Enter the date your passport expires.
12. I-94#: Enter the 11-digit number.
13. Another Immigration Status in U.S.: Check yes or no. If yes, complete the above section.
14. Immigration Status: Check the type of immigration status that you currently hold.
15. Immigration Status for J-1: Check the appropriate J-1 subtype.
16. Actual Primary Activity: Check the appropriate activity.
17. First Actual Entry Date into the U.S.: This should be stamped on your I-94 card. If you’ve been in and out of the U.S. more than once, enter the very first date you came.
18. Start date of Immigration Status for Primary Activity: Start date on your I-20, DS-2019, H1B, EAD, etc.
19. Work Authorization Expire: End date on your I-20, DS-2019, H1B, EAD, etc. if applicable.
20. Activity: Describe your activity or purpose for access request.
21. Student Type: Check the appropriate type, if applicable.
22. Spouse in U.S.: Check yes or no. Enter number of dependents here in the U.S., if applicable.
23. Consultants/Self-Employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you.
24. Country of Tax Residence: This is where you last paid taxes as a resident and can be different from legal residence. Do not include U.S.
WVU Tax Services
Information Statement to be Completed by Foreign National Requesting Courtesy Access

Please provide a detailed description of your purpose and the related activities you will be engaged in while on any West Virginia University campus:


Please provide information regarding the Department you will be working with at WVU:

Department Name:

Department Contact you will be working with:

Contact telephone number and e-mail address:

Please provide the time period you are requesting access for:

From:
To:

I, ____________________________ (name), certify that for the purposes of this request for access to the West Virginia University systems and campuses, I will not be performing any services for the University for which I will be seeking compensation as either an employee or as a vendor/independent contractor. I further certify that I understand I might be limited and/or prohibited from working in the United States based on my VISA status and it is my responsibility to be aware of my VISA status and any limitations.

________________________________________
Printed Name

________________________________________  ______________
Signature                                      Date