



Office of International Education  
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**INTERNATIONAL EMPLOYMENT & TAX INFORMATION FORM**

Complete the entire form to be able to receive any form of payment (honorarium, scholarship, wages, or business-related reimbursement). The following documents must be attached to the 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 (if available); 5. Copy of Form I-20 (for F-1 student) or Form DS2019 (for J-1 holders).

SECTION A: PERSONAL INFORMATION			
LAST OR FAMILY NAME		FIRST NAME	MIDDLE NAME
DATE OF BIRTH (MONTH/DAY/YEAR)		TELEPHONE NUMBER	
EMAIL ADDRESS		BANNER ID	
US LOCAL ADDRESS		FOREIGN RESIDENCE PERMANENT ADDRESS (Do not use PO Box)	
STREET		STREET	
CITY		CITY	PROVINCE/STATE
STATE	ZIP	POSTAL CODE	COUNTRY

SECTION B: PASSPORT AND VISA INFORMATION		
COUNTRY OF CITIZENSHIP	COUNTRY OF BIRTH	COUNTRY THAT ISSUED PASSPORT
PASSPORT NO.	EXPIRATION DATE	VISA NO. (IF APPLICABLE)

SECTION C: IMMIGRATION STATUS
<input type="checkbox"/> F-1 Student <input type="checkbox"/> J-1 Exchange Visitor <input type="checkbox"/> H-1 B Temporary Worker <input type="checkbox"/> J-2 Dependent <input type="checkbox"/> Other (Please Specify Type): _____
*If J-1 Exchange Visitor, What J-1 Category? <input type="checkbox"/> Student <input type="checkbox"/> Professor <input type="checkbox"/> Research Scholar <input type="checkbox"/> Short Term Scholar <input type="checkbox"/> Other: _____

**SECTION D: PRIMARY ACTIVITY DURING THIS VISIT (Choose only one)**

- Studying in a degree program
- Studying in a non-degree program
- Teaching/lecturing
- Observing
- Consulting
- Conducting research
- Demonstrating special skills
- Clinical activities
- Temporary employment
- Other: \_\_\_\_\_

What was the start date of your immigration status for this activity?  
(The date you first entered the US for primary activity- I-94 departure record)

\_\_\_\_\_  
(Month/Day/Year)

If you are a student, at what level do you study?

- Undergraduate
- Masters
- Doctoral
- IELP

What is the projected end date of your primary activity?  
(Completion date on immigration document- I-20, DS2019 or end date of employment)

\_\_\_\_\_  
(Month/Day/Year)

**SECTION E: CONSULTANTS ONLY**

If you are a consultant or are a self-employed individual that will receive an honorarium for the primary activity complete questions 1-5. Others proceed to section F.

1. Describe the activity (teaching, lecturing, conducting research, training, consulting) you are receiving self-employment income for: \_\_\_\_\_
2. Indicate the number of days you will perform services on the UC campus. \_\_\_\_\_ days
3. List the number of institutions from which you have received payments (for academic related services) during the last six months: \_\_\_\_\_ # of institutions
4. Do you/will you have an office (fixed-base) in the US \_\_\_\_ Yes \_\_\_\_ No
5. If yes, how many days in this tax year did you/will you have an office (fixed base)? \_\_\_\_\_ # of days

### SECTION F: INCOME TYPE

**PAYMENT TYPE:**

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Wages       | <input type="checkbox"/> Honorarium  |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Prize/award |
| <input type="checkbox"/> Stipend     | <input type="checkbox"/> Other       |

**UC DEPARTMENT PROVIDING INCOME/HIRING DEPT:**

**AMOUNT PER YEAR:** (If wages, the amount should represent the estimated calendar year income)

**HIRING CONTACT PERSON:**

If **wages**, complete the following:

What is the actual date of first employment in the United States?

\_\_\_\_\_ (Month/Day/Year)

### SECTION G: DEPENDENTS

Complete if you have a spouse or children.

- Is your spouse in the US? \_\_\_\_ Yes \_\_\_\_ No      Is your spouse employed? \_\_\_\_ Yes \_\_\_\_ No
- Do you want to claim an exemption for your spouse if legally allowed to do so? \_\_\_\_ Yes \_\_\_\_ No
- Do you have any other dependents in the US you would like to claim exemptions for? \_\_\_\_ Yes \_\_\_\_ No
- If so, how many? \_\_\_\_\_

### SECTION H: RESIDENCY VERIFICATION

What country did you live in before this visit to the US?

Did you pay taxes as a resident of that country?

- YES       NO

Did your tax residency in that country end prior to your visit to the US? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when? _____ MONTH/DAY/YEAR
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**SECTION 8: US IMMIGRATION HISTORY, PART ONE**

Have you ever had another immigration status in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been present in the United States before this visit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>(If answered yes to either question, complete us immigration history, part two)</i>	

**US IMMIGRATION HISTORY, PART TWO**

What is the actual date you first entered the United States in your lifetime? \_\_\_\_\_  
(MONTH/DAY/YEAR)

List all visa immigration activity during the last three calendar years and all F, J, M or Q Visa activity since Jan. 1, 1985. If you have many entry/exits, please print out your travel history at: <https://i94.cbp.dhs.gov/i94/#/history-search>.

Date of US Entry (Month/date/year)	Date of US Exit	Visa/immigration status	J-1 Category	Primary activity	Were treaty benefits taken?
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION NINE: ON-CAMPUS EMPLOYMENT ELIGIBILITY CERTIFICATION**

**For J-1 Holders:** You must request and receive employment authorization in writing from your J-1 program sponsor. The conditions of your employment will be specified in the letter, and you must comply with all conditions specified. Attach this form to an employment authorization letter from your sponsor (see Section 7 of your DS-2019).

**For F-1 Holders:** You are eligible to accept on-campus employment as follows:

- 1) You must have been authorized by Homeland Security to attend UC. This means that you received a Form I-20 from UC and used it to enter the U.S., or followed proper transfer procedures to transfer from another U.S. institution to UC:
  - a) You must also be a full-time student in good academic standing. This means that undergraduates must be enrolled for 12 credit hours and graduate students for 6 credit hours per term. Exceptions to this requirement must be documented by your academic advisor and approved by OIE each term.
  - b) You also may not be employed for more than 20 hours per week while school is in session. This includes all paid work you perform, even if you are working for more than one UC department or office. During holiday periods and during annual vacations you may work full-time, provided you are eligible and intend to register at UC for the next term.
  - c) You also must maintain your legal status in the U.S. This means that, in addition to (a) and (b) above, you must keep your documents valid at all times.
- 2) If you are engaging in Post-Completion Optional Practical Training you are eligible to work on campus, within your field of study, on a full-time basis, so long as you possess a valid Employment Authorization Document (EAD) and adhere to its validity dates.

If you have any questions, schedule an appointment to meet with an OIE advisor at <http://uticaioe.simplybook.me>. **You are responsible for maintaining legal status; violation of immigration regulations could have serious consequences for you.**

**For H-1B/O-1/TN Holders:** As holders of work-based immigration status, you are specifically authorized to work on campus, provided that UC was the sponsor of your immigration petition. You are required to adhere to the authorization dates as

specified by the Department of Homeland Security and to pursue extensions at least 90 days prior to the expiration of your work authorization. You also must maintain lawful immigration status for the duration of your employment and are further required to report any material changes in your employment or immigration situation to OIE and your supervisor.

**For Other Immigration Status Holders:** You may be eligible to seek employment on the premises of Utica University pursuant to the terms of your immigration status and the possession of a valid Employment Authorization Document (EAD). You must maintain lawful immigration status for the duration of your employment and are further required to report any material changes in your employment or immigration situation to OIE and your supervisor.

**Acknowledgement of Responsibility:**

*After you have reviewed the requirements for your immigration status, read and sign the following:*

I have read and understood the above conditions for on-campus employment at Utica University. I certify that I currently meet all conditions specified for my immigration status. If at any time I am no longer eligible to work on campus, I will cease employment immediately. If I am found to be in violation of my immigration status, and ineligible to work on campus, I understand that OIE will notify my Supervisor and Human Resources of my ineligibility. I understand that I must stop working immediately upon graduation/ completion of my program, unless I have been admitted to another degree program at UC and have processed the necessary papers through OIE. I further understand that it is my responsibility to monitor and maintain my legal status and preserve my on-campus employment eligibility. **I also understand that failure to obtain a timely renewal of employment eligibility clearance form may result in interruptions or delays in my pay until the necessary clearance is obtained.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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**FOR OFFICE USE ONLY**

The above employee:       Is eligible to accept/resume on-campus employment as of this date.  
    Is not eligible to accept/resume on- campus employment as of this date.

This authorization is valid until \_\_\_\_\_  
   Employment clearance expiration date

\_\_\_\_\_  
OIE Staff Signature

\_\_\_\_\_  
Date