

Financial Services Alien Data Collection Form

PAYMENT (INCLUDING EXPENSE REIMBURSEMENTS) CANNOT BE APPROVED WITHOUT A COMPLETED DATA COLLECTION FORM AND COPIES OF THE REQUIRED IMMIGRATION DOCUMENTS REFERENCED IN PART I.

The purpose of this form is to obtain information necessary to determine whether ASU may make a payment to you given your current immigration status. This form is intended for Guest Lecturers, Independent Contractors and Scholarship or Fellowship recipients. Persons hired through Human Resources should complete the GLACIER information form available at the HR Payroll website.

Last or Family Name	First or Personal	Middle	e Count	ry of Citizenship	US Tax ID (SSN/ITIN)
Local Street Address		City	State		Zip Code
Home Street Address		City	Province	Postal Code	Foreign Country
Part I – Immigration	Category:				
RECORD. The I-94 is now website: https://i94.cbp you must provide a copy be in B1 visa status. You	must provide a copy of you	nust be printed from t . If you entered under rture record. <mark>If you a</mark> ur passport, letter of in	the US Customs & B the Visa Waiver pr re Canadian citizen nvitation to ASU, an	order Protection ogram, you will not traveling without a Id you must comple	have a US Visa. Instead, visa, you are considered to
B1, B2, WB, WT (Circ ASU Compliance Sta			•	. If the J1 visa spons letter of permission	or on Line 3 of the n from the visa sponsor).
F-1 Student (Attach I	-20)	H-1B (Canno	ot receive income pa	ayments, only expen	se reimbursements)
J-1 Student (Attach D	S-2019)	Other	(Ot	her types may requi	re additional documentation
Current date and place of	entry into the U.S. Da	te:	Place:		
specified by federal tax re SKIP TO PART III IF ANY O B-1, B-2, WB, WT shor J-1 or F-1 student who	gulations, or is a lawful per F THE FOLLOWING VISA CA	manent resident of the ATEGORIES CURRENTL' 5 calendar years	e United States at ar	ny time during the co	e Substantial Presence Test a urrent calendar year.
If none of the above appl Number of days of actual Number of days of actual Number of days of actual TOTAL NUMBER OF DAYS If the total number of day	y, complete the following: physical presence in the U. physical presence in the U. physical presence in the U. PRESENT IN THE UNITED ST s present in the United Stats present in the United Stats	S. during the current can be said to said the current can be said to said the said t	alendar year ivided by igo, divided by e, check the box for	 resident.	/3 = /6 =
Part III – Certification	of U.S. Residency Sta w to indicate your residence	atus for U.S. Incom			
	have been given the privile		-	- ·	tly in the United States as an d.
I hereby certify that indicated above.	am a RESIDENT of the Unit	ed States for tax purpo	oses because I meet	the Substantial Pres	sence Test for residency as
☐ I do not meet the red	uirements for residency in	the United States for t	ax purposes. Lam a	NONRESIDENT ALIE	N.

IMPORTANT: If you wish to claim exemption from U.S. income taxes because your country of permanent residence has a tax treaty with the United States, you must attach either IRS Form 8233 for personal services (Exemption from withholding for Compensation on Independent Personal Services of a Nonresident Alien Individual) or IRS Form W-8BEN (Certificate of Foreign Status of Beneficial Owner for United States withholding) for scholarships, fellowships, non-compensatory stipends, rents and royalties.							
<u>Part IV – Certification:</u> I hereby certify that all of the above information is true and correct. I agree that if my status changes from that which I have indicated on this form, I will prepare and submit a new Alien Data Collection Form.							
Signature	Date						