

Tax Assessment Intake Form -- University of Missouri-St. Louis

This form must be completed before you can receive any form of payment. All applicable questions below must be answered. The completed form must be presented with your passport and immigration documents at the time of appointment. Lawful Permanent Residents answer page 1 only, then sign and date on back.

PERSONAL / PASSPORT INFORMATION

Last or Family Name: _____ First: _____ Middle: _____

Date of Birth (month/day/year): ___/___/___ UMSL E-mail address: _____

Social Security # (or Individual Taxpayer ID # if no SS#): _____ Student # (If an UMSL Student) _____

Country of citizenship: _____ Country that issued passport: _____

Passport # _____ Passport Expiration Date (month/day/year): ___/___/___

Visa # (the "control number" that begins with the year): _____ Marital Status: S M

ADDRESSES

U.S. Local Street Address: _____ Foreign (home) Residence Address (should not be P.O. Box) _____

CURRENT IMMIGRATION STATUS

U.S. Immigrant/Permanent Resident

F-1 Student

H-1B Temporary Worker

J-2 Dependent

Other: _____

J-1 Exchange Visitor

--IF J-1 Exchange Visitor, what category?

Student

Research Scholar

Short Term Scholar

Alien Physician

Other: _____

PRIMARY ACTIVITY DURING THIS VISIT (Choose only one)

Studying in a degree program

Observing

Demonstrating special skills

Studying in a non-degree program

Consulting

Clinical activities

Teaching

Conducting research

Temporary employment

Lecturing

Training

Here with spouse

What was the start date of your immigration status for the current activity?

(In many cases, this is the date you entered the U.S.)

___/___/___

month/ day/ year

What is the projected end date of your primary activity?

(In many cases, this is the completion date on your immigration document.)

___/___/___

month/ day/ year

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

Undergraduate

Masters

Doctoral

Other: _____

Describe the activity that will result in U.S. income (i.e. professor of physics, consulting, teaching assistant, food service worker, scholarship, contest prize, etc.) _____

If you are employed, what will be your first day of employment at UMSL? _____

Name of UMSL Department providing the income? _____ Amount? _____

Is your job a Graduate Research or Teaching Assistant position? _____.

If you answered "YES" above, are you receiving a tuition scholarship or other benefits? _____.

If yes, please send a copy of your scholarship award letter to webbjj@umsl.edu.

RESIDENCY VERIFICATION

What country did you live in before this visit to the U.S.? _____

Based on the tax laws of that country, were you a resident of that country? Yes No

Did your tax residency in that country end prior to this visit to the U.S.? Yes No If yes, when? ____/____/____

U.S. IMMIGRATION HISTORY

If the answer to either of the questions below is yes, please complete U.S. Immigration History, Part 2.

Have you ever had another immigration status in the United States? Yes No

Prior to your current program, have you ever been in the United States in your current status? Yes No

U.S. IMMIGRATION HISTORY, Part 2

Please list any **F, J, M, or Q** visa immigration activity since January 1, 1985 and all other visa immigration activity only for the past three calendar years.

Date of US Entry month/day/year	Date of US Exit month/day/year	Visa/Immigration Status	J-1 Subtype	Primary Activity	Have you Taken Any Treaty Benefits?
___/___/___	___/___/___	_____	_____	_____	<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
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that all of the above information is true and correct. I give UMSL permission to access my I-94 records from DHS for purposes of verifying tax/immigration status. I understand that if my status changes from that which I have indicated on the form I must submit a new Tax Assessment Intake Form.

Signature: _____ Local Phone Number: _____ Date: _____