

## 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.

### PERSONAL / PASSPORT INFORMATION

**Last or Family Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Date of Birth** (month/day/year): \_\_\_/\_\_\_/\_\_\_ **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 #** (red number in lower right corner of stamp in passport): \_\_\_\_\_

### 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.) \_\_\_\_\_

**Name of UMSL Department providing the income?** \_\_\_\_\_ **Amount?** \_\_\_\_\_

**TAX EXEMPTIONS INFORMATION**

Is your spouse in the U.S.?  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 other dependents in the U.S. you would like to claim exemptions for?  
 Yes       No      If so, how many? \_\_\_\_\_

**RESIDENCY VERIFICATION**

What country did you live in before this visit to the U.S.? \_\_\_\_\_  
Did you pay taxes as 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  
Have you ever been present in the United States before this visit?  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

**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 the form I must submit a new Tax Assessment Intake Form.**

Signature: \_\_\_\_\_ Local Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent and Authorization to Release Information**

I, \_\_\_\_\_ (name) hereby authorize the University of Missouri to release information contained on the Tax Assessment Intake Form to Windstar Technologies, Inc., P.O. Box 800 Providence Hwy, Ste 13 Norwood, MA 02062-0800 for the following purpose: technical software support for THE INTERNATIONAL TAX NAVIGATOR SYSTEM.

Signature: \_\_\_\_\_ Date \_\_\_\_\_