



Preparing people to lead extraordinary lives

## NON-RESIDENT ALIEN INDEPENDENT CONTRACTOR INFORMATION FORM

The Foreign National Information Form must be filled out by any independent contractor, lecturer, presenter, or visitor who is not a U.S. citizen or Legal Permanent Resident that will perform or provide a service **in the U.S.** on campus for Loyola University Chicago. Please note that LUC must comply with United States immigration and tax laws. Immigration laws determine if a foreign person is allowed to receive compensation or reimbursement. Tax laws require LUC to withhold income taxes from any compensation unless the foreign visitor is eligible for an income tax treaty with their country, and submit the required documentation. We must collect the following information in order to determine your immigration and tax status.

Please provide copies of the documents below along with the Foreign National Information Form. They **MUST** be submitted together during your W-8 Vendor Submission.

- Passport Identification Page and Visa (Visa not applicable if you are from a Visa Waiver Country)
- I-94 Information - You may obtain a copy at: <https://i94.cbp.dhs.gov/i94/#/recent-search>

PRINT OUT AND COMPLETE THE FOREIGN NATIONAL INFORMATION FORM ON PAGES 2 & 3. IF YOU ARE ON A **B1/B2 OR VISA WAIVER** PLEASE SIGN THE STATEMENT ON PAGE 4. Form cannot be filled in, must be printed and signed.

Attach completed forms along with documentation above to your electronic vendor submission. See example below of where to include attachment.

**LOYOLA UNIVERSITY CHICAGO**  
**ELECTRONIC W-9/W-8 SUBMISSION**

Welcome, Alvaro Davila  
Log

\*LUC Department Contact Email

\*Name (as shown on your income tax return)

Business Name/Disregarded Entity Name, if different from above

Website (URL)

\*Federal Tax Classification  
Foreign Alien or Entity - Must complete and attach appropriate Form W-8

\*Attach W-8

\*Are you a foreign independent contractor, lecturer, presenter or visitor performing/providing a service?  
Yes

\*Attach FNIF (Foreign National Information Form), information about the form

Attach Foreign National Information Form during W-8 Submission

# FOREIGN NATIONAL INFORMATION FORM (PAGE 1)

The Foreign National Information Form must be completed before you can receive any form of payment  
All **applicable** questions below must be answered. This form must be returned before any check can be issued by the Accounts Payable Department.

(1) Last or Family Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

(2) Social Security or ITIN #: \_\_\_\_\_

(4) U. S. LOCAL STREET ADDRESS: \_\_\_\_\_

(5) FOREIGN RESIDENCE ADDRESS: \_\_\_\_\_

(4) Address Line 2: \_\_\_\_\_

(5) Address Line 2: \_\_\_\_\_

(4) Address Line 3: \_\_\_\_\_

(5) Address Line 3/City: \_\_\_\_\_

(4) City: \_\_\_\_\_

(5) Postal Code: \_\_\_\_\_ Province/Region: \_\_\_\_\_

(4) State: \_\_\_\_\_ Zip: \_\_\_\_\_

(5) Foreign Country: \_\_\_\_\_

((6) Country of Citizenship: \_\_\_\_\_ (7) Country That Issued Passport: \_\_\_\_\_

(8) Passport #: \_\_\_\_\_ (9) Visa #: \_\_\_\_\_

(not the control number that begins with a year)

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

## (11) CURRENT IMMIGRATION STATUS:

B1/B2  Visa Waiver Business/Tourist  J-1 Exchange Visitor

Other: \_\_\_\_\_

## (12) IF IMMIGRATION STATUS IS J-1, WHAT IS THE CATEGORY (SEE DS-2019)? CHECK ONE:

01 Student  06 Alien Physician  12 Research Scholar

02 Short Term Scholar  10 Specialist

05 Professor  Other: \_\_\_\_\_

(Those on a J-1 visa not sponsored by Loyola University, must have a letter of authorization from their DSO)

## (13) WHAT IS THE ACTUAL PRIMARY PURPOSE OF THE VISIT? CHECK ONE:

04 LECTURING

06 CONSULTING

08 OTHER (Describe) \_\_\_\_\_

**(14) WHAT IS THE ACTUAL DATE OF THE FIRST TIME YOU ENTERED THE UNITED STATES?** **(15) DATE OF ARRIVAL IN THE U.S. FOR THIS PRIMARY ACTIVITY?:** **(16) WHAT IS THE END DATE OF YOUR CURRENT VISIT FOR THE PRIMARY ACTIVITY?:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

## (17) LOYOLA SPONSORING DEPARTMENT? \_\_\_\_\_

Department Contact: \_\_\_\_\_ Estimated Payment Amount \$ \_\_\_\_\_

## (18) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS:

Do you/will you have an office (fixed base) in the USA?

Yes  No If yes, how many days in this tax year did you/will you have office (fixed base)? \_\_\_\_\_ Days

## (19) COUNTRY OF RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS: \_\_\_\_\_

Did tax residency end?  Yes  No If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

Month Day Year

**FOREIGN NATIONAL INFORMATION FORM (PAGE 2)**

The Foreign National Information Form must be completed before you can receive any form of payment.

**PLEASE LIST ANY VISA IMMIGRATION ACTIVITY IN LAST THREE CALENDAR YEARS AND ALL F,J,M,O OR Q VISAS SINCE 1/1/93:**

<b>Date of Entry</b>	<b>Date of Exit Status</b>	<b>Visa Immigration Category</b>	<b>If J-1 Indicate Activity</b>	<b>Primary Purpose</b>
/ /	/ /			
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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 submit a new Foreign National Information Form.**

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

E-mail address: \_\_\_\_\_

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

- Name: List full name.
- Social Security Number: Enter US social security number issued by the US Social Security Administration not your ID number. Do not list numbers not assigned by the United States Social Security, i.e. Canadian social security number. All employees must have a social security number in order to work. If none enter your ITIN issued by the IRS.
- ID#: Enter your Employee/Student/Faculty Identification Number.
- Local Street Address: List your local US address.
- Residence: List your non US address.
- Country of Citizenship(s)
- Country that Issued Passport: List Country in which you were issued your passport. Not the country where it was issued.
- Passport #: Enter your passport number.
- Visa #: Enter your Visa number.
- Immigration Status: Check yes or no. If yes, complete the above form for the time you were present in the United States. Approximate if you do not know.
- Immigration Status: Check the type of immigration status that you currently hold. If you check U.S. Immigrant/Permanent Resident, holder of a "green" card, you may proceed to the bottom of the form. Sign and date.
- Immigration Status for J-1: Check the appropriate J-1 category.
- Actual Primary Activity: Check one activity.
- Actual Entry Date into the United States: Must include month, day, and year (found on first I-94)
- Start Date: Must include month, day, and year.
- End Date: Must include month, day, and year. Approximate if you do not know.
- Department: Name of Sponsoring Department & Department Contact
- Check the appropriate box.
- Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.

If you have specific questions on the Foreign National Information form, please contact Maria Araque, [maraque@luc.edu](mailto:maraque@luc.edu).

**Compliance Statement for Payments to Visitors  
In Business or Tourist Status**

**Eligibility for Payments:** Visitors in Business or Tourist status (**B-1, B-2, WB, WT**) may be paid honoraria and/or reimbursed for travel expenses if (a) the visitor is engaged in academic activities associated with the university, and, (b) the activity nine days or less, and, (c) the visitor has not been paid or reimbursed by more than five other U.S. institutions or organizations during the past six months.

**Visitor Information:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Dates of Activity for Which Visitor Is Being Paid \_\_\_\_\_

Visa Status (Please indicate whether B1, B2, WB or WT) \_\_\_\_\_

Briefly Describe the Activity \_\_\_\_\_  
\_\_\_\_\_

**Statement of Visitor:** I attest that I have been engaged in the academic activities described above for the benefit of Loyola University of Chicago for a duration of nine days or less, and, that I have not been paid or reimbursed by more than five other U.S. institutions or organizations during the past six months.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Statement of Sponsoring Department:** As sponsor of the above individual, I attest that the individual has been engaged in the activities described above for the benefit of Loyola University of Chicago for any portion of nine days or less, and, that the activities for which the individual is paid or reimbursed are within the broad realm of customary academic activities associated with teaching, research, public service, or academic administration or operations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please attach statement to Foreign National Information Form**

Note: honoraria and travel expenses may be paid to B-2 and WT visitors only under the eligibility requirements noted above. Honoraria may be paid to visitors in B-1 and WB status only under the above eligibility requirements. Travel reimbursements may be made to any B-1 or WB visitors. All payments are subject to standard university policies and procedures.