

# NEW EMPLOYEE WORK AUTHORIZATION QUESTIONNAIRE

Name: \_\_\_\_\_ SS#/TIN: \_\_\_\_\_

Are you a U.S. Citizen? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Are you a permanent resident alien? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered **NO** to both of the above, then please provide the following information:

U.S. LOCAL STREET ADDRESS: _____ Address Line 2: _____ Address Line 3: _____ City: _____ State: _____ Zip: _____		FOREIGN RESIDENCE ADDRESS: _____ Address Line 2: _____ Address Line 3/City: _____ Postal Code: _____ Province/Region _____ Foreign Country: _____
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Country of Citizenship: \_\_\_\_\_ Country that Issued Passport: \_\_\_\_\_

Passport #: \_\_\_\_\_

COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS: \_\_\_\_\_  
 Did tax residency end?  Yes  No If yes, when \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

**IMMIGRATION STATUS\*\*\* (CHECK ONE):**  
 J-1 Exchange Visitor  H-1 Temporary Employee  
 F-1 Student  Other: \_\_\_\_\_

**IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? (CHECK ONE):**  
 Student  Professor  Research Scholar  
 Short Term Scholar  Other: \_\_\_\_\_

**WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? (CHECK ONE):**  
 Studying in a Degree Program  Observing  Conducting Research  
 Studying in a Non-Degree Program  Training  Consulting  
 Teaching  Lecturing  Other: \_\_\_\_\_

WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES? (FIRST TIME THIS VISIT)  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year

WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year

WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY?  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year

Were you present in the United States 31 days during the current year?  Yes  No

If, yes, how many days? \_\_\_\_\_

How many days were you in the United States in the first year preceding the current year? \_\_\_\_\_ days

How many days were you in the United States in the second year preceding the current year? \_\_\_\_\_ days

I certify that the above information is true and correct.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\*\*\*Please provide copies of relevant immigration documents (e.g. Forms I-94, IAP-66, and/or I-20).

Payroll Use Only							
Year							
		X 1+		X 1/3 +		X 1/6 +	= Total Days