

HARVARD UNIVERSITY FOREIGN NATIONAL INFORMATION FORM (FNIF)

Department/ Preparer use only	
Department contact _____	Phone# _____
Pay Group _____	A/P Payment/ Reimbursement (✓)

FOR ASSISTANCE CONTACT	
Harvard Tax Services	(617) 496-9919
480 Holyoke Center	(617) 495-8436
Cambridge, MA 02138	

- Check One:**
- Initial Submission** - Required prior to first payment.
 - Update** - Required only if any information in Section B, C or D changes during individual's stay in U.S.

SPECIAL NOTE FOR VISITORS ON J-VISAS:

Visitors on J visas not sponsored by Harvard University **MUST** obtain written permission from the International Office of their sponsoring institution PRIOR TO receiving honoraria or service payments (including employee compensation) from Harvard.

SPECIAL NOTE FOR VISITORS ON TN, H-1B or O VISAS:

Visitors on TN, H-1B or O visas not sponsored by Harvard University may **NOT** receive honoraria or service payments (including employee compensation) from Harvard.

***** A copy of your I-94 Departure Record (a small white card inside your passport), a copy of your U.S. Visa from your passport, and a copy of your I-20, DS2019 or I-797 (immigration documents), if applicable, must be attached to this form. *****

Section A – General Information

<p>1. Last Name/Surname _____ Middle Initial _____ First Name/Given Name _____</p> <p>2. U.S. Social Security Number or U.S. Individual Taxpayer Identification Number _____</p> <p>3. Harvard I.D. Number _____</p> <p>4. United States Address</p> <p style="margin-left: 20px;">Line 1 _____</p> <p style="margin-left: 20px;">Line 2 _____</p> <p style="margin-left: 20px;">Line 3 _____</p> <p style="margin-left: 20px;">City/Town _____</p> <p style="margin-left: 20px;">State _____</p> <p style="margin-left: 20px;">Zip/Postal Code _____</p> <p>6. Telephone _____</p> <p style="margin-left: 20px;">Email Address _____</p>	<p>5. Foreign Address</p> <p style="margin-left: 20px;">Line 1 _____</p> <p style="margin-left: 20px;">Line 2 _____</p> <p style="margin-left: 20px;">Line 3 _____</p> <p style="margin-left: 20px;">City/Town _____</p> <p style="margin-left: 20px;">Region/Province _____</p> <p style="margin-left: 20px;">Zip/Postal Code _____</p> <p>Country _____</p>
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Section B – Residence Status for Tax Purposes

Check the appropriate box below to indicate your residence status for tax purposes only.

If you do not know your tax residency please leave blank. Tax Services will determine your status upon review of this form.

- 7. I AM A PERMANENT RESIDENT. Provide the alien number as shown on the front of your **Alien Registration Receipt Card**. (Green Card) #A _____ and proceed to Section E - Certification.
- 8. I AM OR HAVE BEEN CLASSIFIED PREVIOUSLY AS A RESIDENT ALIEN FOR TAX PURPOSES.
- 9. I AM A NONRESIDENT ALIEN FOR TAX PURPOSES. I DO NOT meet the requirements for tax residence in the United States of America.
- 10. **If you are a nonresident alien for tax purposes, what is your country of "tax residency"?** _____

Note: If you checked Box 8 or 9 in this section you must complete Section C.