

# BOSTON COLLEGE

**Human Resources Service Center**  
**140 Commonwealth Avenue**  
**More Hall - 370**  
**Chestnut Hill, MA 02467**

Unless you are using Adobe Acrobat or Adobe Business Tools you cannot save this document.  
Once you are satisfied with your entries, print the form and submit it to the address above.

## BASIC INFORMATION

Last Name:

First Name:

Middle Name(s):

Title:

 Non-English titles not accepted by IRS

Post Title:

 Examples: Phd, Esq., MD

Student Type:

Trainee Type:

Your SSN / ITIN:

If you have no SSN / ITIN, have you applied for one?  Yes  No

Foreign Taxpayer ID:

Institution ID Number:

Department at Institution:

Occupation at Institution:

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## INDIVIDUAL INFORMATION

Date of Birth:  Use 3-letter abbreviation for month in day-month-year format

Marital status:  Married  Single

Spouse here in USA?:  Yes  No Spouse working in USA?:  Yes  No

**If you have no dependents (not including spouse) skip to Home Telephone in USA**

Dependents (not including spouse):

If you are a national of American Samoa, the Northern Mariana Islands, or the US Virgin Islands, or are tax resident in Canada or Mexico, enter your total number of dependents:

If you are a tax resident of Japan or the Republic of Korea (South), enter your total number of dependents who were with you in the USA at some time in the calendar year:

If you are a resident of India who entered the USA for the primary purpose of studying, enter your dependents who are US citizens or residents:

**If you are not from any of the above countries go to Home Telephone in USA**

Home Telephone in USA:  Extension:

Day Phone in USA:  Extension:

Fax:

Email address:

Date First Ever Entered USA:  Use 3-letter abbreviation for month in day-month-year format

Emergency Telephone:  Extension:

Emergency Email Address:

**USA LOCAL ADDRESS**

Address Line 1:

Address Line 2:

Address Line 3:

City:

State:

Zip code:  -

**FOREIGN RESIDENCE ADDRESS**

Address Line 1:

Address Line 2:

Address Line 3:

City:

Postal Code:

Province/Region:

Regional Postal Code:

Country:

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## COUNTRY

- Country of Passport/Citizenship:
- Passport Number:
- Passport Expiration Date:  Use 3-letter abbreviation in day-month-year format
- Are you also a U.S. citizen?  Yes  No
- Has submitted application to become a US lawful permanent resident?  Yes  No
- Country of **Tax Residence**:
- Have you proven to the IRS that you have a closer connection to a foreign country than to the USA?  Yes  No

## OTHER INFORMATION

- Do you have an office regularly available to you in the USA?  Yes  No
- If yes, how many days in this calendar year is the office available to you?
- Are you the recipient of a grant?  
(i.e. a non-service scholarship or fellowship)  Yes  No
- Are you engaged in a full-time program?  Yes  No
- Do you wish to claim treaty benefits if they are available?  Yes  No



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## SIGNATURE PAGE

I hereby authorize Boston College to release information contained on the Foreign National Information Form to Windstar Technologies, Inc., P.O. Box 800; Providence Hwy.; Suite 13; Norwood, MA 02062-0800 for the following purpose: technical software support for the International Tax Navigator™ system.

I hereby certify that all of the above information is true, complete 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 to the Payroll Department.

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

Witness: \_\_\_\_\_ (Please print)

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