



Payment Services Department  
 1200 E. California Blvd, MC 103-6  
 Pasadena, CA 91125  
 Hotline: 626-395-8900  
 Email: [suppliermgmtstaff@caltech.edu](mailto:suppliermgmtstaff@caltech.edu)

**FNDF**

**Foreign National Data Form**

**Instructions:**

This form is to be used to determine a foreign individual's tax immigration status. Please allow at least 3 to 5 business days to complete your request. Please attach any supporting documentation. **Incomplete submissions will result in delay of processing.**

Email form to: [suppliermgmtstaff@caltech.edu](mailto:suppliermgmtstaff@caltech.edu) or fax to: (626) 666-3928 with attention to Supplier Management

**Section 1 – Payee’s Biographical Information**

|  |  |   |                      |   |               |
|--|--|---|----------------------|---|---------------|
| Last/Family Name:  |  | First/Given Name:                           |                      | Middle Name:  | Today's Date: |
| Date of Birth (day-month-year):  |  | Gender:<br>Male                      Female |                      | Marital Status:<br>Single                      Married                      Divorced                      Widowed |               |
| Birth Country:   |  |   | Citizenship Country: |   |               |
| 2nd Citizenship Country:   |  | Permanent* Residence Country:               |                      | USA SSN / ITIN (if any):  |               |
| <i>**Permanent Residence” - you have the right to live and work in the named country and stay indefinitely</i> |  |   |                      |   |               |

**Section 2 – Payee’s Address in Home Country**

|                                 |                                 |                                |                 |              |  |
|---------------------------------|---------------------------------|--------------------------------|-----------------|--------------|--|
| Address Line 1:                 |                                 |                                | Address Line 2: |              |  |
| City:                           | Region, Province, State:        |                                | Country:        | Postal Code: |  |
| Home Phone (include area code): | Work Phone (include area code): | Fax Phone (include area code): | Email Address:  |              |  |

**Section 3 – Current US Address Information (if applicable)**

|                                 |                                 |                                |                 |              |  |
|---------------------------------|---------------------------------|--------------------------------|-----------------|--------------|--|
| Address Line 1:                 |                                 |                                | Address Line 2: |              |  |
| City:                           | Region, Province, State:        |                                | Country:        | Postal Code: |  |
| Home Phone (include area code): | Work Phone (include area code): | Fax Phone (include area code): | Email Address:  |              |  |

**Section 4 – Mailing Address, if different from Address in Home Country**

|                 |                          |  |                 |              |  |
|-----------------|--------------------------|--|-----------------|--------------|--|
| Address Line 1: |                          |  | Address Line 2: |              |  |
| City:           | Region, Province, State: |  | Country:        | Postal Code: |  |



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### Section 5 - Immigration Information—REQUIRED

|   |   |  |  |
|---|---|--|--|
| Country Issuing Passport:                           |   | Passport Number:                                     | Passport Expiration Date (month/day/year): |
| Current Non-Immigrant / Visa Status:                | Red Number from current US Visa in passport : | Non-Immigrant Status Expiration Date (day/month/yr): |  |
| Date of most recent arrival in US (day/month/year): | I-94 Number:                                  | Alien Registration Number (if any):                  |  |

### Section 6 - U.S. Immigration History for the last seven years—REQUIRED

Complete the information below for each U.S. non-immigrant visa status you held within the last seven years (for example, F1, F-2, F-1 OPT, J-1, J-2, H-1B, B-1/B-2, WB/WT, TN, O-1, etc.). IF you held any status more than once during this time, please include all instances.

Note: The information you provide will be used for purposes of visa acquisition and to determine whether you qualify for tax treaty benefits. To ensure accuracy, please refer to your old immigration documents as you complete this section.

| Non-Immigrant Visa Status | Name of Institution / Employer | Dates of Program or Employment (day/month/year) |     | Primary Purpose of Visit | Have you taken US Federal Tax Treaty Benefits* before?<br>Yes or No |
|---------------------------|--------------------------------|---|-----|--------------------------|---|
|                           |                                | Start   | End |                          |   |
|                           |                                |   |     |                          |   |
|                           |                                |   |     |                          |   |
|                           |                                |   |     |                          |   |
|                           |                                |   |     |                          |   |
|                           |                                |   |     |                          |   |
|                           |                                |   |     |                          |   |
|                           |                                |   |     |                          |   |
|                           |                                |   |     |                          |   |
|                           |                                |   |     |                          |   |
|                           |                                |   |     |                          |   |
|                           |                                |   |     |                          |   |
|                           |                                |   |     |                          |   |
|                           |                                |   |     |                          |   |
|                           |                                |   |     |                          |   |
|                           |                                |   |     |                          |   |
|                           |                                |   |     |                          |   |

Was an H-1B petition filed on your behalf ever been denied?  
 Yes      No

\*Some countries have established special tax treaties with the United States that enable you to forego paying U.S. federal taxes for a period of time based on certain conditions. If you have taken advantage of any tax treaty benefits available to you in the past, please indicate "Yes" or "No" if you have not.



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**Section 7 - Honorarium Certification**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| <i>Are all the services rendered considered usual academic activity?</i>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Will you be performing this activity longer than 9 days?</i>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Have you accepted payments or expenses for this activity from more than 5 institutions in the past 6 months?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Date(s) of Activity?</i>   |                              |                             |

**Section 8 - Information for U.S. Federal and State Tax Purposes**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <i>Date first entered the US within the seven years, regardless of visa type (day/month/year):</i> |                              |                             |
| <i>Have you submitted an application to become a lawful permanent resident of the US?</i>          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Do you wish to claim US tax treaty benefits if they are available?</i>                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If you paid taxes last year in a country other than the United States or your home country, please complete the following:**

|  |  |
|--|--|
| <i>Address Line 1:</i>                   |  |
| <i>Address Line 2:</i>                   |  |
| <i>City:</i>                             |  |
| <i>Region, Province, State, Country:</i> |  |
| <i>Postal Code:</i>                      |  |

**Section 9 - Certification**

**I hereby certify that all of the above information is true and correct. I understand that my taxation and withholding will be based on the information I have provided.**

|               |            |       |
|---------------|------------|-------|
| Name (print): | Signature: | Date: |
|               |            |       |