

University of Connecticut Health Center US Visa History Collection Form

The information requested below is strictly confidential and will be used for tax withholding and reporting purposes only. This information will allow the University of Connecticut Health Center to determine your U.S. residency status for tax purposes and is not associated with immigration or visa classification. All questions regarding IRS reporting and withholding rules and completion of this form should be directed to Jaishree Duggal at (860) 679-4430.

Please complete all applicable questions, then scan and email this form back to dornenburg@uchc.edu at least 2 days before your Human Resources Orientation date.

A. PERSONAL INFORMATION

NAME (Last or Family)	First or Personal	Middle	COUNTRY OF CITIZENSHIP	COUNTRY OF PERM. RESIDENCY
U.S. ADDRESS (Street)			ADDRESS IN HOME COUNTRY (Street)	
CITY	STATE	ZIP CODE	CITY	COUNTRY
				POSTAL CODE
PHONE NUMBER		EMAIL	DEPARTMENT	(Phone)
What is your relationship with the University of Connecticut Health Center? (check all that apply)			PASSPORT NUMBER & EXP. DATE	VISA NUMBER (see definitions)
<input type="checkbox"/> Employee <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Guest Speaker/Consultant			SOCIAL SECURITY/INDIVIDUAL TAXPAYER IDENTIFICATION NUMB.	

B. DEFINITIONS

Because some of the language on this form may be confusing, before you begin to complete the questions below, please read the following definitions:

CALENDAR YEAR: For U.S. tax purposes, a person is considered to be in the U.S. for a “calendar year” if he or she is present during one or more days between the periods of January - December 31. For example, if you are present in the U.S. from December 15-31, you are in the U.S. for one full calendar year.

ORIGINAL DATE OF ENTRY TO THE U.S.: You may enter and leave the U.S. many times during the period of your study or research in the U.S. (for vacation, holidays or summer break). The **original** date of entry to the U.S. in your current visa status is the **first** date that you arrived in the U.S. to begin your program.

VISA STATUS: When completing this form, all questions concerning “visa status” refer to the category of visa that you currently hold. Your “visa status” is marked on the visa stamp/sticker in your passport and/or on your I-94 (see below). For example, if you are a student, your visa status may be F-1 or J-1.

FORM I-20: A Form I-20 is a white paper form that is sent to all F-1 students by UConn Health (or other sponsoring organization); it lists the details of your program of study in the U.S.

FORM DS-2019: A Form DS-2019 form is given to all J-1 visa holders by UConn Health; it lists the details of your program in the U.S. There are several categories of J-1 visas that are issued; the category of your J-1 visa is stated in section 4 of the Form DS-2019.

FORM I-94: A Form I-94 is your Arrival/Departure record, which can be retrieved at <https://i94.cbp.dhs.gov>. The date on your I-94 is the date on which your permission to stay in the U.S. expires. If “D/S” is written on your card, use the expiration or completion date found on your Form I-20 or DS-2019.

VISA NUMBER: The number found in the lower right corner of the visa stamp/sticker in your passport.

C. US Visa History (F-1, J-1, J-2, H-1, etc.)

Current visa status: _____ (include subtype if J-1)	Original date of entry to U.S. on current visa status:
Previous visa status: _____ From: _____ To: _____	When does your permission to stay in the U.S. expire? (i.e. expiration date of current I-94, DS-2019, I-20 or EAD)
Previous visa status: _____ From: _____ To: _____	
Previous visa status: _____ From: _____ To: _____	
Institution sponsoring your visa:	
Have you attended and/or are you currently attending another U.S. educational institution? If yes, please provide the following information:	
Name of Institution(s): _____	Period(s) of Attendance: _____

D. CERTIFICATION

I hereby certify that the information provided above is true and correct. If I receive an extension of my visa status or if my visa/immigration status changes, I will notify a Nonresident Alien Tax Specialist at (860) 679-4430.

SIGNATURE

DATE