PAYROLL TAX RESIDENCY INFORMATION FORM

To be filled out by employees who indicate on their I-9 "other alien authorized to work until xx/xx/xx".

Notice: The following information is requested to determine and document your resident or nonresident status for tax purposes, tax withholdings, and any tax treaty benefits you may be eligible to receive. This is NOT an Internal Revenue Service (IRS) nor is it a United States Citizenship and Immigration Services (USCIS) form. You are not legally required to fill out this questionnaire, but if you do not do so, the institution will be unable to determine your eligibility for tax treaty benefits and will withhold federal and state taxes. This information will be used by the institution's finance/HR personnel to determine your tax liability and may be available to other government officials as authorized by law. By signing this form you are consenting to allow Minnesota State to access your I-94 admission & travel history information.

A: PERSONAL INFORMATION To be completed by employee				
Name	Social Security # or ITIN Current	Immigration Status		
Last First or Personal Middle				
Country of Citizenship	Date of Original Port of Entry under Current Immi	gration Status		
Change of Immigration Status If individual has had a change of status since entering the U.S., enter the date that status changed and the original status below (Individual must also complete Section B: Prior Visits). Contact Tax Services to determine Tax Residency.	Institution	Department(s)		
Change of Status Date Previous Status	Title of position(s) held:			

B: PRIOR VISITS – List all prior visits to the United States, include the year of the visit, the immigration status under which the individual entered the U.S., the number of days spent in the U.S. during the visit and the reason for the visit.

Year	Immigration Status	Total Number of Days in the US during Year under Immigration Status	Purpose of Visit

C: CERTIFICATION

I hereby certify that all of the information on this form is true and correct. I understand that if my immigration status changes from that which I have indicated on this form, I must prepare and submit a new Tax Residency Information Form to the Human Resource office at my institution.

Date _____ Signature _____

To be completed by Tax Services

D: RESIDENCY STARTING DATE

Residency Start Year_____

Date in the future when individual will have met the Substantial Presence Test and becomes a Resident Alien for Tax Purposes. This date must be recalculated if any of the information on this form changes. When the employee reaches the Residency Start date, they must be treated as resident aliens for tax purposes.

E: WITHHOLDING AGENT INFORMATION

Date _____ Signature _____

 Phone Number (_____)
 Name (Print please)

Tax Services Contact Information: Ann Page at ann.page@minnstate.edu, or Steve Gednalske at, steven.gednalske@minnstate.edu.