

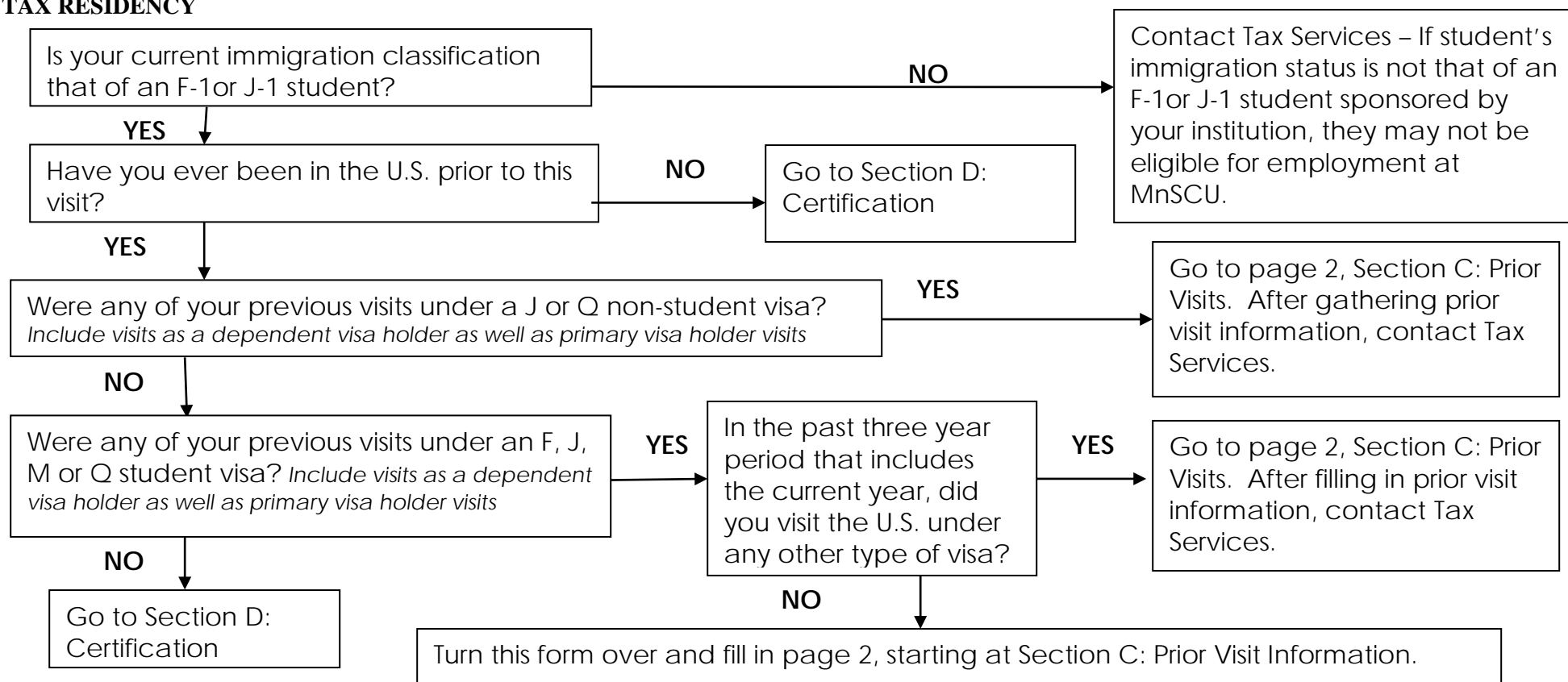
## SCHOLARSHIP RECIPIENT TAX RESIDENCY INFORMATION FORM

**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 U.S. 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 taxes. This information will be used by the institution's business office 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

<b>Name</b>  <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><i>Last</i></span> <span><i>First or Personal</i></span> <span><i>Middle</i></span> </div>	<b>Social Security # or ITIN</b>  <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	<b>Current Immigration Status/Visa Type</b>  <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>
<b>Country of Citizenship</b>  <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	<b>Date of Original Port of Entry under Current Immigration Status/Visa Type</b>  <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	
<b>Change of Immigration Status</b> If individual has had a change of status since entering the U.S., enter the date that status changed and the original visa type below (Individual must also complete Section C: Prior Visits). Contact Tax Services to determine Tax Residency.  <b>Change of Status Date</b> _____ <b>Previous Status</b> _____	<b>Institution</b>  <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	<b>Department(s)</b>  <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>
	<b>Title of position(s) held:</b>  <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	

### B: TAX RESIDENCY



**C: PRIOR VISIT INFORMATION** In chronological order, list every F, J, M or Q student or non student visa visit to the U.S. in your life, include visits under dependent versions of those visas. Also list those visits under other visa types that occurred in the past 3 year period that includes the current year, but do not include your current visit.

*To be completed by withholding agent*

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

**D: CERTIFICATION**

I hereby certify that all of the above information 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 Student Payroll office at my institution.

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

*To be completed by withholding agent*

**E: TAX RESIDENCY CALCULATION**

Port of Entry Year*	=	_____
<b>Plus</b> Exempt years	=	<b>5</b>
<b>Less</b> Prior Visit years**	=	_____
<b>Equals</b> Residency Start Year***	=	_____

\* From Section A, original port of entry date under current visa type. If there is a Change of Status Date, use that date instead.  
 \*\*Number of exempt years from previous visits. If no prior visits, enter 0. Exempt years = any year as a F, J, M or Q visa holder.  
 \*\*\*Add exempt years to Port of Entry year & subtract prior visit years to arrive at Residency Start Year.

**F: RESIDENCY STARTING DATE : January 1<sup>st</sup>,** \_\_\_\_\_ (enter the Residency Start Year)

*Future date, assuming no change in immigration data, when the institution would begin to tax employee as a resident alien. First day of presence in the U.S. during the calendar year in which the individual meets the substantial presence test.*

**G: WITHHOLDING AGENT INFORMATION**

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

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Name (Print please) \_\_\_\_\_

Tax Services Contact Information: Ann Page [ann.page@minnstate.edu](mailto:ann.page@minnstate.edu), or Steve Gednalske at [steven.gednalske@minnstate.edu](mailto:steven.gednalske@minnstate.edu). Send a PDF copy of this form and supporting immigration documentation to Tax Services via MoveItSecurely - <https://securefileshare.minnstate.edu>

**For Tax Purposes Only**