

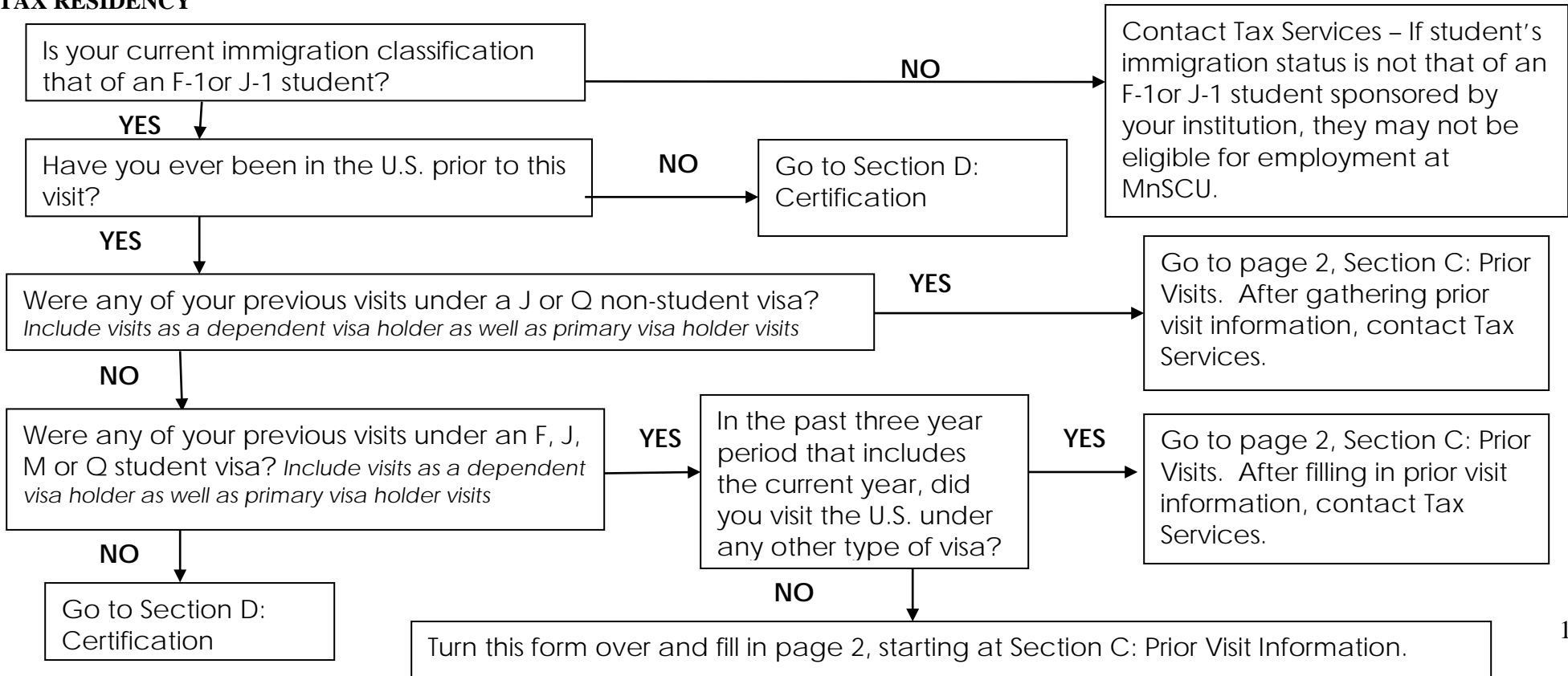
PRIZE/AWARD TAX RESIDENCY INFORMATION FORM

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

Name _____ <i>Last First or Personal Middle</i>	Social Security # or ITIN _____	Current Immigration Status/Visa Type _____
Country of Citizenship _____	Date of Original Port of Entry under Current Immigration Status/Visa Type _____	
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 visa type below (Individual must also complete Section C: Prior Visits). Contact Tax Services to determine Tax Residency. Change of Status Date _____ Previous Status _____	Institution _____	Department(s) _____
	Title of position(s) held: _____	

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*	=	_____
Plus Exempt years	=	5
Less Prior Visit years**	=	_____
Equals 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 1st, _____ (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, or Steve Gednalske at steven.gednalske@minnstate.edu. Send a PDF copy of this form and supporting immigration documentation to Tax Services via MoveItSecurely - <https://securefileshare.minnstate.edu>