

Use Ball Point Pen--Press Hard So All Copies are Legible

I. TO BE COMPLETED BY EMPLOYEE:

Name: _____ Social Security No: _____
 Austin Address: _____ 787 _____
 Citizen of: _____ Permanent Resident of: _____
 Current Immigration Status: _____ Expiration date of current immigration status: _____ Anticipated Date of Departure from US: _____
 Date of 1st US entry: _____ Immigration status during 1st entry: _____ Dates of Previous J or H visas: _____

HISTORY OF PRESENCE:

DETAIL THE NUMBER OF DAYS YOU WERE PHYSICALLY PRESENT IN THE U.S. DURING THE CALENDAR YEARS LISTED BELOW.

Note: The term "calendar year" refers to the period of January 1 to December 31.

List calendar year	Number of days physically present in US	Period(s) physically present in U.S. (list dates below, for example, 1/01/96 - 12/31/96)	Immigration status held while present
Current Year (estimated)	_____	_____	_____
Last Year	_____	_____	_____
2 Years Ago	_____	_____	_____
3 Years Ago	_____	_____	_____
4 Years Ago	_____	_____	_____
5 Years Ago	_____	_____	_____
6 Years Ago	_____	_____	_____

For Payroll Use Only		
FICA	E	NE
Until: _____		
FIT	E	NE
Initials: _____		

The information provided above will be evaluated by the Payroll Office to determine your exemption from social security and federal income tax withholding based on your residency status and the information provided by the International Office.

II. TO BE COMPLETED BY EMPLOYING DEPARTMENT:

Department: _____ Campus Address: _____ Campus Mail code: _____
 Official Job Title: _____ Job class code: _____ Hours per week: _____
 Appointed From (Date): _____ Through (Date): _____ New appointment Reappointment
 Responsible faculty/staff member: _____ (Name) _____ (Campus Phone) _____ (Date)

III. TO BE COMPLETED BY INTERNATIONAL OFFICE:

The following determinations have been made based on the information furnished above:

Eligible for Payment as Salary: Yes No
 May only work a maximum of 20 hours per week during long sessions.
 Eligible for Exemption from FICA Tax (based on visa purpose): Yes No
 Eligible for Exemption from Income Tax based on Treaty: Yes No

REMARKS: _____

For the International Office: _____ (Name, Title) Date: _____

Taxation is a private matter between each individual and the United States government. It is your personal responsibility to determine that deductions for income tax and social security tax are correct in your individual situation. Questions in this regard should be directed to the DISTRICT OFFICE OF THE INTERNAL REVENUE SERVICE at 300 East 8th St. Phone number: 1-800-829-1040.
 It is your responsibility to inform this office of any change in your employment or immigration situation. A change in your visa classification or in the nature of your work could change your eligibility for employment and/or your tax liability. Accepting unauthorized employment may result in your inability to change your status to another non-immigrant status or to that of permanent residence while you are in the U.S.
 This certificate is valid only so long as you maintain your legal immigration status. To maintain your status, your Form I-94 (Arrival/Departure Record) and your passport must be valid and unexpired. You must have your current address on file in the International Office. University student employees must maintain registration for a prescribed minimum academic load (12 hours for undergraduate, 9 for graduate). University employment is subject to immediate cancellation if it is determined that you are failing to maintain your status.
 I have read the above statement. The information I have furnished in Part I of this form is accurate to the best of my knowledge.

 Signature of Employee Date