

# Foreign Visitor Tax Assessment Intake Form

## University Of Missouri

This form must be completed before you can receive any form of payment. All applicable questions below must be answered. The completed form must be presented with your passport and immigration documents at the time of appointment.

### Personal/Pass port Information

Last or Family Name		First Name	Middle Name
Date of Birth (month/day/year) / /	Student Number	Social Security No. (or individual Taxpayer ID)	E-mail Address
Country of Citizenship		Country That Issued Passport	
Visa Number (red number in lower right corner of stamp in passport)		Passport Number	Passport Expiration Date / /

### Address Information

U. S. Local Street Address	Foreign Residence Address (include postal code, if applicable)
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

### Current Immigration Status

<input type="checkbox"/> U.S. Immigrant/Permanent Resident	<input type="checkbox"/> F-1 Student
<input type="checkbox"/> H-1 B Temporary Worker	<input type="checkbox"/> J-2 Dependent
<input type="checkbox"/> Other: _____	<input type="checkbox"/> J-1 Exchange Visitor
--if J-1 Exchange Visitor, what category?	
<input type="checkbox"/> Student	<input type="checkbox"/> Research Scholar
<input type="checkbox"/> Short Term Scholar	<input type="checkbox"/> Alien Physician
<input type="checkbox"/> Other: _____	

### Primary Activity During This Visit (Choose Only One)

<input type="checkbox"/> Studying in a degree program	<input type="checkbox"/> Observing	<input type="checkbox"/> Demonstrating special skills
<input type="checkbox"/> Studying in a non-degree program	<input type="checkbox"/> Consulting	<input type="checkbox"/> Clinical activities
<input type="checkbox"/> Teaching	<input type="checkbox"/> Conducting research	<input type="checkbox"/> Temporary employment
<input type="checkbox"/> Lecturing	<input type="checkbox"/> Training	<input type="checkbox"/> Here with spouse

**What was the start date of your immigration status for the current activity?**

(in many cases, this is the date you entered the U.S.)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**What is the projected end date of your primary activity?**

(In many cases, this is the completion date on your immigration document.)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you are a student, at what level do you study?

Undergraduate

Masters

Doctoral

Other: \_\_\_\_\_

**Describe the activity that will result in U.S. income** (i.e. professor of physics, consulting, teaching assistant, food service worker, scholarship, contest prize, etc.) \_\_\_\_\_

Indicate the amount of U.S. income anticipated during this calendar year.

\$ \_\_\_\_\_

What University department will be providing the income? \_\_\_\_\_

## Tax Exemptions Information

Is your spouse in the U. S.?' <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have other dependents in the U.S. you would like to claim exemptions for? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many?

## Residency Verification

What country did you live in before this visit to the U.S.?	Did you pay taxes as a resident of that country? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did your tax residency in that country end prior to this visit to the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____ / _____ / _____

## U.S. Immigration History

If the answer to either of the questions below is yes, please complete U.S. Immigration History, Part 2

Have you ever had another immigration status in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been present in the United States before this visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## U.S. Immigration History, Part 2

Please list any F, J, M, or Q visa immigration activity since January 1, 1985, and all other visa immigration activity only for the past three calendar years.

Date of Entry	Date of Exit	Visa/Immigration Status	J-1 Subtype	Primary Activity	Have you taken any treaty benefits?
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
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/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on the form I must submit a new Tax Assessment Intake Form.

Signature	Local Telephone Number	Date
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## Consent And Authorization To Release Information

I, \_\_\_\_\_ (name), hereby authorize the University of Missouri to release information contained on the Tax Assessment Intake Form to Windstar Technologies, Inc., P.O. Box 800 Providence Hwv, Ste 13 Norwood, MA 02062-0800 for the following purpose: technical software support for THE INTERNATIONAL TAX NAVIGATOR SYSTEM

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