

1119.1.1f. Foreign National Form PR-100

Revised 9/10/2020

FOREIGN NATIONAL PAYROLL TAX ASSESSMENT FORM (PR-100)

Any foreign person being paid by the University of North Carolina at Chapel Hill must complete this form to ensure that they are paid and taxed appropriately. Please answer all questions as accurately as possible to avoid payroll or tax compliance issues.

I. PERSONAL INFORMATION

1. Passport Last Name ("family" or "surname"): _____
2. Passport First Name ("given name"): _____
3. Passport Middle Name: _____
4. UNC PID#: _____
5. Do you have a United States Social Security number? Yes No
6. Date of Birth: ____/____/____ (mm/dd/yyyy)
7. UNC email address: _____ Personal email address: _____

8. US Residential Address:

Street _____
 City: _____
 State: _____
 Zip Code: _____

Address in Home Country or Last Country of Residence:

Street _____
 City: _____
 Province/Region: _____
 Region Postal Code: _____
 Country: _____

Same as mailing address? Yes No
If not, enter U.S. mailing address:

9. Are you married? Yes No If spouse is in the U.S., spouse's immigration status: _____
 Do you have children? Yes No If children are in the U.S., children's immigration status: _____

II. IMMIGRATION INFORMATION

10. Passport/Citizenship Country (country that issued passport): _____
11. Country of Legal Permanent Residence (if different from #10) _____
12. Passport # _____ Expiration Date: ____/____/____ (mm/dd/yyyy)
13. Tax Residence Country (prior to arrival in the U.S.): _____
14. Current Visa Type (ie., F-1, J-1, H-1B or other): _____
15. What is the first date that you entered the U.S. on your current visa?
 ____/____/____ (mm/dd/yyyy)
16. What is the purpose of your time at UNC? Check One:

- | | | |
|---------------------------------|------------------------------|--|
| 01 Studying- Degree Program | 10 Clinical Activities | 17 Business Activities |
| 02 Studying- Non-Degree Program | 11 Temporary Employment | 19 Practical Training F1, J1 |
| 03 Teaching | 12 Here with Spouse/Relative | 20 Educational/Professional Activities |
| 07 Conducting Research | 16 Tourist Activities | Other: _____ |

II. IMMIGRATION INFORMATION, continued

If you are here on J-1 status, check exchange visitor category (see section 4 of DS-2019)

01 Student

05 Professor

12 Research Scholar

02 Short Term Scholar

06 Specialist

Other: _____

III. PRIOR U.S. IMMIGRATION ACTIVITY

List all prior visits to the United States. Date of Entry is the first day you entered the U.S. on that visa, and Date of Exit is the day that you left the U.S. on that visa.

	Date of Entry <i>(mm/dd/yyyy)</i>	Date of Exit <i>(mm/dd/yyyy)</i>	Visa Type	Primary Purpose <i>(See Section 16)</i>	Did you take Tax Treaty Benefits?	
1.					Yes	No
2.					Yes	No
3.					Yes	No
4.					Yes	No
5.					Yes	No
6.					Yes	No
7.					Yes	No
8.					Yes	No
9.					Yes	No
10.					Yes	No

IV. CONSENT FOR RETRIEVAL OF I-94 RECORDS

There may be times when it will be useful for Payroll Services to view your I-94 records and travel history in order to best assist you or properly complete your tax analysis. Please complete the following statement:

I do *I do not* consent to allow UNC-CH Payroll Services to use my passport information to access my electronic I-94 record and/or travel history using the U.S. Customs and Border Protection’s online I-94 retrieval system at www.cpb.gov/i94.

V. CERTIFICATION

I hereby certify that all of the above information is true and correct. I also hereby confirm that it is my responsibility to fully understand all rules and regulations that apply to my immigration status and to maintain my legal status in the U.S. by following said rules. I understand that if my status changes from that which I have indicated on this form I must notify UNC-CH Payroll Services immediately. **Failure to notify UNC-CH Payroll Services of any changes in immigration or employment status may result in penalties assessed by the Internal Revenue Service or other tax immigration authorities.**

Signature: _____

Date: _____

(mm/dd/yyyy)