



WASHINGTON STATE
UNIVERSITY

Tax Determination Questionnaire

Payroll Services

PO Box 641024 Phone: 509.335.9575 payroll@wsu.edu
 Pullman, WA 99164-1024 Fax: 509.3351472 www.wsu.edu/payroll
 Room 236, French Administration Building

The information requested on this form is used to determine your United States tax withholding status. This form is for international individuals whose immigration status is H-1B, J-1, J-2 or F-1 and are going to be employed by Washington State University or receiving payments from Washington State University. Please complete this form as thoroughly as possible. Submit the completed questionnaire along with a copy of your **passport, visa, I-94 card or electronic I-94, Employment Authorization Card (F-1 OPT or J2), I-20 (F-1), DS-2019 (J-1), and I-797 (H-1B)** to Payroll Services, Room 236, French Administration Building or intercampus mail (zip code 1024). You will be emailed with the results of the tax analysis. If you have any questions please email payroll@wsu.edu or call 509.335.9575.

PERSONAL INFORMATION

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YYYY)
_____	_____	_____	_____
Email Address	Social Security Number or Individual Taxpayer ID Number		WSU ID Number
U.S. Local Street Address _____	Foreign Residence Address _____		
Address Line 2 _____	Address Line 2 _____		
City _____	City/Town _____		Postal Code _____
State _____	Zip Code _____	Province/Region _____	Postal Code _____
Phone Number _____	Country _____		
If married, is spouse in the U.S.?	Yes	No	Number of dependents in the U.S. (excluding spouse) _____

CURRENT IMMIGRATION STATUS

_____	_____	
Country of Citizenship	Country Issuing Passport	
_____	_____	_____
Passport Number	Passport Expiration Date (MM/DD/YYYY)	Visa Number (red number)
Visa Type (Select One):		
F-1 Student	J-1 Exchange Visitor	H-1B Temporary Employee
F-1 OPT / CPT	J-2 Dependent	Other: _____
F-1 Student Athlete		
If Immigration Status is J-1, What is the Subtype:		
Student	Research Scholar	Short Term Scholar
Student Intern	Professor	Other: _____
Primary Activity During this Visit (choose only one):		
Studying in a degree program	Observing	Demonstrating Special Skills
Studying in a non-degree program	Consulting	Clinical Activities
Teaching	Conducting Research	Temporary employment
Lecturing	Training	Here with spouse

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

Undergraduate

Masters

Doctoral

Other: _____

Describe the activity that will result in United States income (i.e. professor of physics, postdoc research assistant, consulting, teaching assistant, food services worker, scholarship, etc.):

Which WSU department is providing income?

Annual amount of income?

UNITED STATES IMMIGRATION HISTORY

What is the date of your first entry into the United States? (MM/DD/YYYY)

What is the start date of your current immigration status for this primary activity? (MM/DD/YYYY)

What is the projected end date of your primary activity? (MM/DD/YYYY)

Have you ever been present in the United States before this visit?

Yes

No

Have you ever had another immigration status in the United States?

Yes

No

Please list any F, J, H, M, or Q visa immigration activity since January 1, 1988:

<u>Date of U.S. Entry</u> Month/Day/Year	<u>Date of U.S. Exit</u> Month/Day/Year	<u>Visa Type</u>	<u>J-1 Subtype</u> (if J-1 status)	<u>Primary Purpose</u>	<u>Have you taken any treaty benefits?</u>	
					Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No

RESIDENCY VERIFICATION

Prior to your current visit to the United States, in what country were you employed and paying taxes? _____

Do you currently pay taxes as a resident of that country? _____

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 the form I must submit a new Tax Determination Questionnaire to Payroll Services. If my immigration status changes, I understand I am liable for any resulting increased tax liability.

Signature

Date