THE GEORGE WASHINGTON UNIVERSITY ALIEN INFORMATION REQUEST FORM (AIRF)

PLEASE TAKE YOUR TIME COMPLETING THE INFORMATION ON THIS FORM. ALL APPLICABLE QUESTIONS BELOW MUST BE ANSWERED. YOUR ANSWERS WILL AFFECT THE KIND AND AMOUNT OF TAXES TAKEN OUT OF PAYMENTS THAT YOU RECEIVE FROM THE UNIVERSITY.

This form should be completed by non-U.S. citizens receiving payments from GW (such as honorarium). These individuals are required to complete their data electronically. To do so, send an email to tax@gwu.edu requesting access to Sprintax Calculus. State the nature of your payments (ex. fellowship, employment, stipend, prize, etc.). Submit the completed form to your department with a copy of your passport, visa, and other applicable immigration forms. Include a W-8BEN or W-9 depending whether you are a nonresident alien or resident alien for U.S. tax purposes.

resident alien for 0.3. tax purposes.			
(1) Last or Family Name:	First:	Middle:	
(2) Social Security #:	(3) ID #:		
(4) School/Department:			
(5) U.S. LOCAL STREET ADDRESS:	FOREIGN RESID	ENCE ADDRESS:	
City:	City		
State: Zip: Phor	ne: Province/Region	:Postal Code:	
Email:	Foreign Country:_		
(7) Country of Citizenship:	(8) Country That	(8) Country That Issued Passport:	
(9) Passport #: Ex	piry Date: (10) Visa #:	Date Issued:	
States as an immigrant and that the have been abandoned. (Attach grant (13) DETERMINATION OF RESIDENCY Some (Read the note below to see if you are noted to see in you are noted to see in non-student J status individual will not be exempt for the she was exempt as a J can addition, if you are in A-1 or Goyears old of the primary visa he box below. Non-spouse A-1's	iven the privilege, according to U.S. immigration his status has not been revoked and has not be seen card, etc.; proceed to the signature block). STATUS - SUBSTANTIAL PRESENCE TEST exempt from this test.) ill be considered nonimmigrant nonresident for two calendar years. These individuals are from the Substantial Presence Test and there at egory nonimmigrant for any two years during 4 visa status and you are the spouse or live holder, you are exempt from this test and she and G-4's who live alone or are 21 or older status.	aliens for five calendar years and e exempt from this test. An efore will likely be a resident alien ng the last 6 calendar years. In e-in dependent who is less than 21 could check the nonresident alien should take this test.	
Number of days of expected physical pres	sence in the U.S. during the current calendar ye	ar: <u>Year 20</u>	
Number of days of actual physical presen	ce in the U.S. last year: (if exempt, write "0")	/3 =	
Number of days of actual physical presen	ce in the U.S. two years ago: (if exempt, write "	0") /6 =	
TOTAL NUMBER OF CALCULA	ATED DAYS PRESENT IN THE UNITED STATE	ES:	
If the total is equal to or greater than 183 or Please check the appropriate box in the re	•	Live with Primary Visa Holder? ☐ Yes ☐ No	
☐ I hereby certify that I am a RESIDENT	ATUS (Form W-9 required for resident alien; For ALIEN of the United States based on the above ALIEN of the United States because I am a stu	e test.	

☐ I do not meet the requirements for residency in the United States. I am a NONRESIDENT ALIEN.

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(15) CURRENT IMMIGRATION STATUS: ☐ U.S. Immigrant/Permanent Resident ☐ F-1 Student ☐ J-1 Exchange Visitor ☐ J-1 Exchange Student	(CHECK ONE) ☐ H-1B Temporary Employee ☐ J-2 Spouse or child of Exchange \ ☐ Other:			
(16) IF IMMIGRATION STATUS IS J-1 EXC ☐ 01 Student ☐ 02 Short Term Scholar	HANGE VISITOR, WHAT IS THE SUB □05 Professor □12 Research Scholar □ Other:_	,		
(17) WHAT IS THE ACTUAL PRIMARY PUF ☐ 01 Studying in a Degree Program ☐ 02 Studying in a Non-Degree Program ☐ 03 Teaching ☐ 04 Lecturing	☐ 05 Observing ☐ 06 Consulting ☐ 07 Conducting Research ☐	□ 09 Demonstrating Special Skills □ 10 Clinical Activities		
(18) WHAT TYPE OF STUDENT?: ☐ Undergraduate ☐ Doctor	oral □ Masters □ Othe	or:		
(19) TYPE OF PAYMENTS (Check All that Apply): ☐ Wages/Salary/Assistantship ☐ Non-service Stipend ☐ Tuition Scholarship ☐ Personal Service Honorarium ☐ Expense Reimbursement ☐ Third-party Payments ☐ Other:				
(20) WORK START DATE: // DD MM YY	(21) PAYI	MENT CYCLE: 8i-weekly □ Monthly		
(22) DESCRIPTION OF WORK (e.g. Graduate Teaching Assistant)?:				
(23) Total Compensation this tax year (Estimate): (24) Total Scholarship/Fellowship this tax year:				
(25) WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES? (26) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY? (27) WHAT IS THE END DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?				
DD MM YY	DD MM YY	/ / DD MM YY		
(28) HISTORY IN THE UNITED STATES (E Date of Entry Date of Exit Visa Im	nter dates DD MM YY):			
		□Yes □No		
		□Yes □No		
<u> </u>		□Yes □No		
		□Yes □No		
		□Yes □No		
		□Yes □No		
(29) MARRIED SPOUSE IN USA	۸?:			
□Yes □No □ Yes □No	Number of dependents			
(30) FOR CONSULTANTS/SELF-EMPLOYE Do you/will you have an office (fixed base) in ☐ Yes ☐No ☐ If yes, how many days in this	n the USA?	(fixed base)?		
I hereby certify that all of the above informat REQUIRE ME TO FILE INCOME TAX RETU nonresident alien or a resident alien.		federal and state laws in most cases ns for each calendar year, whether I am a		

Signature: Date:_____