

Last or Family Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Visa #: \_\_\_\_\_ Passport #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone #: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Are you a U.S. citizen or resident alien all year?  Yes  No Were you ever a U.S. citizen?  Yes  No

**U.S. Local Street Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Foreign Residence Address:** \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Province/Region: \_\_\_\_\_ Foreign Country: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country that issued Passport: \_\_\_\_\_

Are you married?  Yes  No If YES, is your spouse in the U.S.?  Yes  No

Are you a: U.S. National \_\_\_\_\_ Resident of Canada \_\_\_\_\_ Resident of Mexico \_\_\_\_\_ Resident of Republic of Korea \_\_\_\_\_

Do you have dependents?  Yes  No If YES, how many? \_\_\_\_\_ Are they in the United States?  Yes  No

**Dependent Information**

First Name	Last Name	Date of Birth	Relationship to you	Months in U.S.	US Citizen, National, Resident of Canada, Mexico, Republic of Korea	Did person file joint return?	Did child provide more than 50% of their own support?	Did you provide more than 50% of their support?	Did the person have Gross Income of \$3200 or more?

What is the date you FIRST entered the United States? \_\_\_\_/\_\_\_\_/\_\_\_\_

**Entry Immigration Status - Check one:**

U.S. Immigrant/Permanent Resident  F-1 Student  F-2 Spouse or child of exchange visitor   
 J-1 Exchange visitor  H-1 Temporary Employee  J-2 Spouse or child of exchange visitor   
 Other: (List) \_\_\_\_\_

**Current Immigration Status - Check one:**

U.S. Immigrant/Permanent Resident  F-1 Student  F-2 Spouse or child of exchange visitor   
 J-1 Exchange visitor  H-1 Temporary Employee  J-2 Spouse or child of exchange visitor   
 Other: (List) \_\_\_\_\_

On what date did your visa type change? \_\_\_\_/\_\_\_\_/\_\_\_\_

Enter the type of U.S. visa you held during these years:

1999 \_\_\_\_\_ 2000 \_\_\_\_\_ 2001 \_\_\_\_\_ 2002 \_\_\_\_\_ 2003 \_\_\_\_\_ 2004 \_\_\_\_\_

**If Immigration status is J-1, what is the subtype? Check one:**

01 Student  05 Professor  12 Research Scholar   
 02 Short Term Scholar  Other: (List) \_\_\_\_\_

**What is the actual primary activity of the visit? Check one:**

01 Studying in a Degree Program  04 Lecturing  07 Conducting Research  10 Clinical Activities   
 02 Studying in a Non-Degree Program  05 Observing  08 Training  11 Temporary Employment   
 03 Teaching  06 Consulting  09 Demonstrating Special Skills  12 Here with Spouse

Were you present in the United States as a teacher, trainee or student for any part of 2 of the 6 prior calendar years?

1999 \_\_\_\_\_ 2000 \_\_\_\_\_ 2001 \_\_\_\_\_ 2002 \_\_\_\_\_ 2003 \_\_\_\_\_ 2004 \_\_\_\_\_

Were you present in the U.S. as a teacher, trainee or student for any part of more than 5 calendar years?  Yes  No

How many days were you present in the U.S. during 2003 \_\_\_\_\_ 2004 \_\_\_\_\_ 2005 \_\_\_\_\_

List the dates you entered and left the United States during 2005:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you file a U.S. income tax return for any year before 2005? \_\_\_\_\_ If "Yes", when / / What form? \_\_\_\_\_

During 2005, did you apply for or take affirmative steps to apply for lawful permanent resident status in the United States?

Yes  No

Do you have an application pending to change your status to lawful permanent resident?  Yes  No

Are you claiming treaty benefits?  Yes  No If Yes, What country \_\_\_\_\_

Treaty Article Number: \_\_\_\_\_

Type & Amount of Income: \_\_\_\_\_

**Information about academic institution you attended in 2005**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of the director of your specialized program: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**During 2005 did you receive:**

**Did you have:**

Scholarships or Fellowship grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Educator expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wages, salaries or tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student loan interest	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interest or dividend income	<input type="checkbox"/> Yes <input type="checkbox"/> No	State income taxes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distributions from IRA, pension or annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Charitable Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Moving Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gambling Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child/Dependent care expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other type of income	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No