

Basic Info

Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name (if applicable): _____

Date of Birth: _____

Banner ID: _____

University Status: Employee Undergrad Student Grad Student
 Non-Employee

Employee Info

Personal Exemption Allowed: 1 2 Marital Status Single Married

SIUE Department: _____

Position – 1st : _____

Position – 2nd (if applicable): _____

Home Telephone #: _____

Day Telephone # or Cell #: _____

SIUE Email Address: _____

Other Email Address: _____

Date First Entered USA: _____ Date of Employment: _____

USA Address

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ Zip: _____

Use USA Address for 1042S Mailer Slip

Foreign Address

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City Postal Code: _____

City: _____

Province/Region: _____

Region Postal Code: _____

Country: _____

Use Foreign Address for 1042S Mailer Slip

Country Info (attach copy of Passport)

Home Country: _____

Passport/Citizenship: _____

Passport Number: _____

Passport Expiration Date: _____

Tax country residence: _____ U.S. Citizen? Yes No

Visa/Immigration Current Status Detail – 1 (attach copy of your Visa and I-20/DS2019)

Immigration Status / Visa Type: F1 H1 B1 J1 Other

Primary Purpose: _____

Tax Residence: _____

Visa: _____ Use treaty benefits if available? Yes No

Number

I-20/DS2019 Start Date: _____

First Day in USA in this Status
(date from first I-20/DS2019) : _____

Last Day in USA in this Status
(date from I20/DS2019): _____

SEVIS ID: _____

Visa/Immigration Previous Status Detail – 2 (attach copy) or N/A

Immigration Status / Visa Type: F1 H1 B1 J1 Other

Primary Purpose : _____

Tax Residence: _____

Visa: _____ Were treaty benefits used? Yes No

Number INS/USCIS Visa Start Date: _____

First Day in USA in this Status : _____ Last Day in USA in this Status: _____

SEVIS ID: _____

Visa/Immigration Previous Status Detail – 3 (attach copy) or N/A

Immigration Status / Visa Type: F1 H1 B1 J1 Other

Primary Purpose: _____

Tax Residence: _____

Visa: _____ Were treaty benefits used? Yes No

Number INS/USCIS Visa Start Date: _____

First Day in USA in this Status: _____ Last Day in USA in this Status: _____

SEVIS ID: _____

CERTIFICATION

I declare under penalties of perjury that the information provided above is true and correct. If I receive an extension of my visa status, or if my visa/immigration status changes, I will notify the Payroll Department at 618/650-2190 and provide updated support.

Signature _____

_____ Date: