



KUMC RESEARCH INSTITUTE NONRESIDENT ALIEN SUMMARY

To document immigration status for U.S. tax reporting purposes

Name: _____ U.S.-issued SSN/ITIN: _____

If no SSN/ITIN, has one been applied for?: NO (Please apply for one)
 YES (Attach a copy of the application)

Country of Tax Residence: _____

Payment Address: _____

Current Immigration Status: _____ Citizenship _____ Date of Entry: _____

Primary Purpose for This Visit: _____

Previous Visits to the United States

<u>Year</u>	<u>#/days Present</u>	<u>Immigration Status</u>
20__		
20__		
20__		
20__		

Signature: _____ Date: _____

*******DEPARTMENT USE BELOW*******

Please attach: Copy of I-94 Copy of Passport Copy of Visa
If J-1 student: above and: Copy of DS-2019
If J-1 non-student: above and: Copy of DS-2019 and written authorization

Department Certification regarding taxpayer identification numbers

I certify that I have complied with Treasury Regulation Section 301.6109 1(c) regarding taxpayer identification numbers. Although requests have been made, the above nonresident alien has not provided the University of Kansas Medical Center Research Institute with a valid taxpayer identification number (Social Security Number or Individual Taxpayer Identification Number).

Signature of Department Approval Authority, Department, and Date

Contact KUMCRI Accounts Payable if you have any questions: rinstap@kumc.edu