

TAX ANALYSIS
for
FOREIGN NATIONALS

Important Message from the University Tax Accountant

Ivan Ivanov, GSU Tax Accountant

(404) 651-2184 (Direct Line)

(404) 651-3340 (Customer Service Desk)

400A, 4th Floor – SPARKS HALL

Disbursements Window

Hours of Operation: Monday – Friday, 9:00 AM -5:00 PM

Greetings,

Documentation received by a representative of Georgia State University indicates that you are a foreign national. You may be able to exempt from taxation all or part of your U.S. source income from payments processed by the Office of Disbursements. In order for the university to determine your proper tax classification and withholding status, we must, with your participation, conduct a **Tax Analysis**. **Please complete the Tax Analysis within 30 days of employment or request for payment.**

The Tax Analysis can be completed in one of three different ways using the Glacier Tax Navigation System:

Remote Self-Service

In order to access Glacier on the web, you must first contact the Tax Accountant by email at finisi@langate.gsu.edu , or by telephone at (404) 651-2184 to request Glacier access. The Tax Accountant will then send you an email containing instructions for the process as well as your individual password. The email will instruct you what documentation to have available when beginning the process. Generally, you will need your social security card, passport, I-20 or DS2019, and other immigration documentation. On average, the process takes 30 minutes. You may contact the Tax Accountant for assistance if needed.

When the on-line process is completed, you will need to come to the Office of Disbursements, Room 400A Sparks Hall, between the hours of 9:00 AM and 5:00 PM, Monday –Friday to show all of your original documentation and to sign the Glacier forms.

On-Site Visit

The process is the same as with remote self-service, however, we invite you to the Office of Disbursements, Customer Service Center, to complete Glacier on-line. We prefer to serve you by appointment, which can be made by calling (404) 651-2184, or you may drop by the Office of Disbursements, Room 400A, Sparks Hall, between the hours of 9:00 AM and 5:00 PM, Monday – Friday, and sign-up for an appointment.

During your on-site visit, we can provide immediate assistance to answer your questions, if needed. When the on-line process is completed, we will review your original documentation and have you sign the Glacier forms.

Foreign National Tax Analysis Information (Includes Form)- see below

Form Available at: <http://www2.gsu.edu/~wwwspc/Forms/index.htm>

The Foreign National Information Form should be completed and submitted to the Tax Accountant, accompanied by original documentation, when possible. **This method is reserved for individuals who cannot utilize the Glacier on-line system.**

All documents should be presented at the Office of Disbursements, Room 400A, Sparks Hall, between the hours of 9:00 AM and 5:00 PM, Monday – Friday.

HOW TO COMPLETE THE

COMPLETE THIS FORM ONLY IF YOU DO NOT HAVE ACCESS TO GLACIER ON-LINE

1. Name: List full name.
2. Social Security Number: Enter US social security number issued by the US Social Security Administration not your ID number. Do not list numbers not assigned by the United States Social Security, i.e. Canadian social security number. All employees must have a social security number in order to work. If none enter your ITIN issued by the IRS.
3. ID#: Enter your Employee/Student/Faculty Identification Number.
4. Local Street Address: List your local US address.
5. Residence: List your non US address.
6. Country of Citizenship(s)
7. Country that Issued Passport: List Country in which you were issued your passport. Not the country where it was issued.
8. Passport #: Enter your passport number.
9. Visa #: Enter your Visa number.
10. Immigration Status: Check yes or no. If yes, complete the above form for the time you were present in the United States. Approximate if you do not know.
11. Immigration Status: Check the type of immigration status that you currently hold. If you check U.S. Immigrant/Permanent Resident, holder of a "green" card, you may proceed to the bottom of the form. Sign and date.
12. Immigration Status for J-1: Check the appropriate J-1 subtype.
13. Actual Primary Activity: Check one activity.
14. Actual Entry Date into the United States: Must include month, day, and year. Approximate if you do not know.
15. Start Date: Must include month, day, and year. Approximate if you do not know.
16. End Date: Must include month, day, and year. Approximate if you do not know.
17. Occupation: Describe in general the service you will perform.
18. Check the appropriate box.
19. Is your spouse in USA?: Check the appropriate box. Give number of other dependents in the USA?
20. Consultants/Self-employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you.
21. Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.

FOREIGN NATIONAL TAX ANALYSIS INFORMATION FORM

COMPLETE THIS FORM ONLY IF YOU DO NOT HAVE ACCESS TO GLACIER ON-LINE

The Glacier Tax Analysis must be completed before you can receive any form of payment. **We prefer that you submit information electronically, however, if you do not have access to a computer, please complete the following information.** A representative from the Office of Disbursements will then enter the information into the Glacier Tax Navigation.

All applicable questions below must be answered. A copy of both sides of your I-94 Form "Arrival and Departure Record", (a small white card inside your passport), copy of your U.S. VISA from your passport, 1-20 or IAP66/DS 2019, and a copy of your social security card must be attached to this form. The tax analysis process must be completed before any check can be issued by the Payroll or Accounts Payable Department (Office of Disbursements).

(1) (**PRINT**) Last or Family Name: _____ First: _____ Middle: _____

(2) Social Security # or ITIN (Taxpayer ID Number) _____

I hereby certify that I do not have an ITIN but will apply for an ITIN when I file my US tax return and will provide the number to Georgia State University upon receipt.

(Signature)

(3) Panther ID #: _____

(4) U. S. LOCAL STREET ADDRESS: _____

(5) FOREIGN RESIDENCE ADDRESS: _____

(4) Address Line 2: _____

(5) Address Line 2: _____

(4) Address Line 3: _____

(5) Address Line 3/City: _____

(4) City: _____

(5) Postal Code: _____ Province/Region: _____

(4) State: _____ Zip: _____

(5) Foreign Country: _____

(6) Country of Citizenship: _____ (7) Country That Issued Passport: _____

(8) Passport #: _____ (9) Visa #: _____

(not the control number that begins with a year)

(10) Have you ever had another immigration status in the United States? Yes. No

(11) IMMIGRATION STATUS:

U.S. Immigrant/Permanent Resident

F-1 Student

J-2 Spouse or Child of Exchange Visitor

J-1 Exchange Visitor

H-1 Temporary Employee

Other: _____

(12) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? CHECK ONE:

01 Student

05 Professor

12 Research Scholar

02 Short Term Scholar

Other: _____

(13) WHAT IS THE ACTUAL PRIMARY PURPOSE OF THE VISIT? CHECK ONE:

01 Studying in a Degree Program

05 Observing

09 Demonstrating Special Skills

02 Studying in a Non-Degree Program

06 Consulting

10 Clinical Activities

03 Teaching

07 Conducting Research

11 Temporary Employee

04 Lecturing

08 Training

12 Here with Spouse

(14) WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES FOR THIS PRIMARY PURPOSE?:
____/____/____

Month Day Year

(15) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS
____/____/____

Month Day Year

(16) WHAT IS THE END DATE OF YOUR IMMIGRATION STATUS PRIMARY PURPOSE?:
____/____/____

Month Day Year

(17) INCOME PROVIDING ACTIVITY (e.g. PROFESSOR OF CHEMISTRY): _____

(18) WHAT TYPE STUDENT?:

Undergraduate

Masters

Doctoral

Other _____

(19) MARRIED

SPOUSE IN USA?:

Yes No

Yes No

Number of dependents _____

(20) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS:

Do you/will you have an office (fixed base) in the USA?

Yes No If yes, how many days in this tax year did you/will you have office (fixed base)? _____

Days

(21) COUNTRY OF RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS:

Did tax residency end? Yes No If yes, when? ___/___/___

Month Day Year

PLEASE LIST ANY VISA IMMIGRATION ACTIVITY IN LAST THREE CALENDAR YEARS AND ALL F,J,M OR Q VISAS SINCE 1/1/85:

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Purpose	Have You Taken Any Treaty Benefits
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No

VISA IMMIGRATION STATUS:

- U.S. Immigrant/Permanent Resident
- J-1 Exchange Visitor
- Other: _____
- F-1 Student
- H-1 Temporary Employee
- J-2 Spouse or child of Exchange Visitor

PRIMARY PURPOSE:

- 01 Studying in a degree program
- 02 Studying in a Non-Degree program
- 03 Teaching
- 04 Lecturing
- 09 Other, please specify: _____
- 05 Observing
- 06 Consulting
- 07 Conducting Research
- 08 Training
- 09 Demonstrating Special Skills
- 10 Clinical Activities
- 11 Temporary Employee
- 12 Here with Spouse

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this form I must submit a new Foreign National Information Form to the Payroll Department.

Signature: _____ Date: _____

Print Full Name: _____

Do Not Write Below This Line

Reserved for University Tax Accountant

Date Form Received _____

Date Entered into Glacier on-line _____

Operator _____

Special Notes:
