

Foreign Person Information

Please type or print information clearly

All applicable questions below must be answered. The Foreign Person Information form must be completed before any form of payment can be received.

This section is to be completed by the program area representative or Human Resources representative.

Purpose for submitting this form

1. Purpose for which individual will be visiting Frederick National Laboratory for Cancer Research (FNLCR) (check one) <input type="checkbox"/> Seminar Speaker/Honorarium <input type="checkbox"/> Consultant <input type="checkbox"/> Guest Researcher <input type="checkbox"/> Employee <input type="checkbox"/> Other (Please explain):	
2. Fee	3. Expenses

The remainder of this form is to be completed by the Foreign Person. See instructions on page 3.

Foreign National

4. First Name	5. Middle Name	6. Last Name or Family Name	7. Title (check one) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
8. U.S. Local Street Address		9. U.S. Address Line 2	10. U.S. Address Line 3
11. U.S. City	12. U.S. State	13. U.S. Zip Code	14. U.S. Telephone (xxx-xxx-xxxx)
15. Foreign Residence Address		16. Foreign Residence Address Line 2	
17. Foreign Residence City	18. Foreign Postal Code	19. Foreign Residence Province/Region	
20. Foreign Residence Province/Region Postal Code		21. Foreign Residence Country	
22. Country of Citizenship		23. Country That Issued Passport	
24. Passport Number		25. Visa Number (not the control number)	
26. Current U.S. Immigration Status: <input type="checkbox"/> U.S. Immigrant/Permanent Resident (skip to Certification and Acknowledgment Section below) <input type="checkbox"/> F-1 Student <input type="checkbox"/> B-1/B-2 Visitor for Business/Pleasure <input type="checkbox"/> J-1 Exchange Visitor <input type="checkbox"/> H-1 Temporary Employee <input type="checkbox"/> TN Canadians and Mexicans <input type="checkbox"/> EAD Code <input type="checkbox"/> Other:			
27. If immigration status is J-1, what is the category? <input type="checkbox"/> 01 Student <input type="checkbox"/> 02 Short-Term Scholar <input type="checkbox"/> 05 Professor <input type="checkbox"/> 07 Alien Physician <input type="checkbox"/> 12 Research Scholar <input type="checkbox"/> Other:			
28. What is the primary purpose of your current stay in the U.S. (check only one)? <input type="checkbox"/> 01 Studying in a Degree Program <input type="checkbox"/> 05 Observing <input type="checkbox"/> 09 Demonstrating Special Skills <input type="checkbox"/> 02 Studying in a Non-degree Program <input type="checkbox"/> 06 Consulting <input type="checkbox"/> 10 Clinical Activities <input type="checkbox"/> 03 Teaching <input type="checkbox"/> 07 Conducting Research <input type="checkbox"/> 11 Temporary Employment <input type="checkbox"/> 04 Lecturing <input type="checkbox"/> 08 Training <input type="checkbox"/> 12 Here with Spouse			
29. What is the actual date you entered the U.S. on your current visa? (MM/DD/YYYY)		30. What is the start date of your current visa status? (MM/DD/YYYY)	31. What is the projected end date of your current visa status? (MM/DD/YYYY)
32. Country of tax residence, if different from foreign residence address		33. Did tax residency end? <input type="checkbox"/> Yes <input type="checkbox"/> No	34. If yes, when? (MM/DD/YYYY)

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Prior U.S. Immigration Activity

Please list all periods of stay in the U.S. during the last three calendar years and all F, J, M, or Q visa periods since January 1, 1985:

35. Date of Entry to U.S.	36. Date of Exit from U.S.	37. Visa Immigration Status	38. J-1 Subtype (if J-1 status)	39. Purpose of Stay	40. Did you take any treaty benefits?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION AND ACKNOWLEDGMENT

I hereby certify that all of the above information is COMPLETE, 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 Person Information form.

Foreign Person Information

41. First Name	42. Last Name	
43. Signature		44. Date (MM/DD/YYYY)

Please return this form to APinvoices@mail.nih.gov, OR mail it to Leidos Biomedical Research, Inc., Accounts Payable, P.O. Box B, Mail Stop 4, Frederick, MD 21702-1201.

Foreign Person Information – Instructions

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Instructions for Preparing Foreign Person Information Form

1. Enter the purpose for which individual will be visiting FNLCR by checking one: Seminar Speaker/Honorarium, Consultant, Guest Researcher, Employee, or Other.
2. Enter estimate of fee that will be paid to foreign person, if known.
3. Enter estimate of expenses that will be reimbursed to foreign person, if known.

Foreign National

4. Print the first name of the foreign person.
5. Print the middle name of the foreign person.
6. Print the last name or family name of the foreign person.
7. Select the appropriate title (check one).
8. Enter your local, home address if applicable.
9. Additional line for U.S. address, if needed.
10. Additional line for U.S. address, if needed.
11. Enter U.S. city, if applicable.
12. Enter U.S. state, if applicable.
13. Enter U.S. zip code, if applicable.
14. Enter U.S. telephone number, if applicable
15. Enter your permanent, non-U.S., address.
16. Additional line for foreign residence, if needed.
17. Enter foreign residence city.
18. Enter foreign residence postal code.
19. Enter foreign residence province/region.
20. Enter foreign residence province/region postal code.
21. Enter foreign residence country.
22. Enter country of your citizenship.
23. Enter country in which you were issued your passport (not the country where it was issued).
24. Enter your passport number.
25. Enter your visa number (not the control number). It is usually an eight-digit number found below the expiration date.
26. Check the type of visa you currently hold. If you check "U.S. Immigrant/Permanent Resident," you may proceed to the bottom of the form and sign.
27. (For J-1 immigration status only): Check the appropriate J-1 subtype.
28. Check only one activity.

Foreign Person Information – Instructions

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29. Enter month, day, and year. Use approximate date if you do not know.
30. Enter month, day, and year.
31. Enter the last date you anticipate being in the United States on your current visa status.
Must include month, day, and year. Use approximate date if you do not know.
32. Enter the county to which you last paid taxes as a resident.
33. Check the appropriate box for yes or no. Tax residency ends when you move your permanent residence out of the country.
34. Enter the month, day, and year that the tax residency ended.

Prior U.S. Immigration Activity

List all periods of stay in the U.S. during the last three calendar years and all F, J, M, or Q Visa periods since January 1, 1985. Please be complete!

35. Enter date of entry into the United States.
36. Enter date of exit from the United States.
37. Enter visa immigration status during that time.
38. If J-1 status, enter J-1 subtype during that time.
39. Enter purpose of stay in the United States.
40. Check yes or no if you took treaty benefits during that time.

Certification and Acknowledgement

Please be certain that ALL questions are answered.

41. Print the first name of foreign person.
42. Print the last name of foreign person.
43. Signature of foreign person: Sign the form as you would a business letter.
44. Enter the month, day, and year on which the form was signed.