

A Notice from the Payroll Department

The Payroll Department would like to welcome you to DFCI. We understand you are joining us on a non-immigrant visa and would like to provide you with some necessary information regarding U.S. Income Taxes. Taxes may be deducted from salary or stipends if the funds are from U.S. sources. There are several tax treaties between the U.S. and other countries which can exempt earnings and stipends from taxes. These treaties vary from country to country and depend on various factors such as your title at DFCI, expected length of stay, prior visits, etc. We have included a Foreign National Tax Questionnaire (FNTQ) form for you to complete. It is very important that you fill this form out in the most complete and accurate way possible. DFCI determines if you are eligible to receive any treaty benefits based on the information provided on the form. The payroll department uses Windstar software to analyze your eligibility for treaty benefits. DFCI will tax you according to the results of your Windstar analysis. Please be aware that all or a portion of your wages could be subject to taxation and that every employee receives an individual analysis based on their specific circumstances.

Please fill out and bring the FNTQ with you to orientation with the following documents:

1. A copy of your passport (page that has issue and expiration date)
2. A copy of your Visa
3. A copy of your I-94 departure record
4. A copy of your Social Security Card or Receipt from the Social Security Administration

And, where applicable a copy of the following documentation

Non-Immigrant Visa Category	Form Required
F1 (OPT)	Form I-20 & EAD card
F1 (student)	Form I-20 and evidence of work authorization
H1	Form I-797
J1	Form DS2019
J2	Form DS2019 & EAD Card
TN	Form I-94

It is required that you bring the completed FNTQ and the above listed documents with you to orientation. You WILL NOT receive any treaty benefits until we have received all of the necessary documents. If for some reason you start on non-orientation week, please contact payroll to discuss alternative procedures.

If you have any questions regarding the above information, feel free to contact me at (617) 632-4516 or email me at: Kelly_Cardoza-Williams@DFCI.Harvard.edu.

Sincerely,

Kelly Cardoza-Williams
Payroll Manager

Dana-Farber Cancer Institute - Foreign National Tax Questionnaire Form

The information on this form will be used to determine Dana-Farber Cancer Institute's income and employment tax withholding requirements. Every foreign national who receives a payment from DFCI must complete this form. **Where applicable, the following documents must be attached to the completed form:** 1. Copy of Passport; 2. Copy of Visa, 3. Copy of I-94 Departure Record; 4. Copy of Social Security card. 5. Copy of Form I-20 (if a student) or Form DS2019 6. Copy of EAD if on a F-1 OPT Visa. 7. Copy of I-797. **Failure to accurately complete this form may cause payment delays.**

Personal Information

Last or Family Name			First	Middle		
US Social Security Number			Date of Birth (mm/dd/yy)		DFCI Employee ID Number	
US Telephone Number (home)			US Telephone Number (work)			
Title of Position at DFCI			Date of Hire (mm/dd/yy)			
Local Street Address			Foreign Residence Permanent Street Address: (Tax Residency)			
City	State	ZIP	City	State	Postal Code	
Email Address			Country	Province	Region	

Passport Information (attach copy)

Country of Citizenship:	Country that issued passport:
Visa Number (Control Number in Upper Right Corner of Visa):	Passport Number:
	Passport Expiration Date:

Visa Detail (attach copy of current Visa documents)

Current Immigration Status

<input type="checkbox"/> J-2 Dependent	<input type="checkbox"/> F-1 Student
<input type="checkbox"/> H-1B Temporary Worker	<input type="checkbox"/> F-1 Optional Practical Training (OPT)
<input type="checkbox"/> J-1 Exchange Visitor	<input type="checkbox"/> Other: _____
*IF J-1 Exchange Visitor, what J-1 category	
<input type="checkbox"/> Student	<input type="checkbox"/> Research Scholar

Primary Activities During this Visit (Choose One Only)

<input type="checkbox"/> Studying in a degree program	<input type="checkbox"/> Conducting Research
<input type="checkbox"/> Studying in a non-degree program	<input type="checkbox"/> Clinical activities
<input type="checkbox"/> Training	<input type="checkbox"/> Temporary Employment
<input type="checkbox"/> Observing	<input type="checkbox"/> Other: _____

What was the start date of your immigration status for this activity? _____
Month / Day / Year

(The date you first entered the U.S. for the primary activity –I-94 departure record)

What is the projected end date of your primary activity? _____
Month / Day / Year

(Completion date on immigration document, I-20, DS2019, or end date of employment)

Income Type and Amount

Payment Type

Wages

Scholarship/Fellowship

Other: _____

Name of DFCI department providing the income: _____

Amount: _____

(If Wages, the amount should represent the estimated calendar year income.)

Residency Verification

What country did you live in before this visit to the U.S.? _____

Did you pay taxes as a resident of that country?

yes

no

Did your tax residency in that country end prior to this visit to the U.S.?

yes

no

If yes, When? _____

U.S. Immigration History

Have you ever had another immigration status in the United States?

yes

no

Have you ever been present in the United States before this visit?

yes

no

(If either question is answered "yes", complete U.S. Immigration History, Part 2)

U.S. Immigration History, Part 2

What is the actual date you **FIRST** entered the U.S.?

Month / Day / Year

List all VISA Immigration Activity during the last three calendar years and all F, J, H or TN Visa Activity since January 1, 1985)

Date of U.S. Entry Month/Day/Year	Date of U.S. Exit Month/Day/Year	Visa/ Immigration Status	J-1 Category	Primary Activity	Have you taken any Treaty Benefits?		
					Yes	No	No
					Yes		No
					Yes		No
					Yes		No
					Yes		No

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 the form, I must submit a new Foreign National Questionnaire Form to DFCI HR /Payroll Office.

Signature _____

Date _____

Please attach necessary information listed above for this form to be considered complete

The payroll department uses Windstar software to analyze your eligibility for treaty benefits. DFCI will tax you according to the results of your Windstar analysis. Please be aware that all or a portion of your wages could be subject to taxation and that every employee receives an individual analysis based on their specific circumstances.

Please Contact the Payroll Manager, Kelly Cardoza-Williams at extension x24516 with any questions.