	1	Nonresident Alien Intake and Interview Sheet												
Last or Family Name:			First:							Middle Initial:				
ITIN or Social Security #:			Visa #:			Passport #:								
Date of Birth: (mm/dd/yyyy) / / / Telephone			<del></del>			e-mail Address:								
Were you a U.S.	citizen or resider	nt alien the e	ntire year?	Yes	No	Were you	ı ever a	U.S. citiz	zen?	Yes	☐ No			
U.S. Local Street	Address:					-								
City:	State:			Zip Code:										
Foreign Residenc	e Address:			•				'						
Address Line 2:														
Foreign Country:				Province/County: Pos							al Code:			
Country of Citizen	Country that issued Passport:													
Are you married? Yes No If "YES", is your spouse in the U.S.? Yes No														
•	If "YES", is it red	cognized by th	ne State where	e you will be	filing?	Yes	$\square$ N	0						
Are you a: U.S	of	Resident Mexico	Resident of South Korea				Resident of India							
	Canada  Yes No Yes		No	Yes No		Γ	☐ Yes ☐ No			Yes No				
Dependent Infor	mation										<del></del>			
				Relationship to you (son,	Numb mon lived	er of ths U.S. rewith or a res	citizen, esident en, ational, sident of	Did person file	Did child provide more than 50% of	50% of	Did the person have Gross Income of			
First Name	Last or Family Name	Date of Birth (mm/dd/yyyy)	ITIN or SSN	daughter, none, etc.)	you ir U.S		, Mexico, h Korea	joint return?	their own support?	their support?	\$4,000 or more?			
					+									
					+						<del>                                     </del>			
					+									
What is the date	you FIRST enter	ed the United	I States?	////										
Entry Immigratio	n Status - Check	one:												
U.S. Immigrant/Permanent Resident				lent		F-2 Spouse or child of Student								
H-1 Temporary Employee			J-1 Exc	J-	2 Spou	se or child	d of Exc	hange Vis	sitor					
Other: (List)														
Current Immigra	tion Status - Che	ck one:												
U.S. Immigran	nt/Permanent Resi	dent	F-1 Stud	lent			-2 Spot	ise or chil	d of Stu	dent				
H-1 Temporary Employee			*J-1 Exc	J-2 Spouse or child of Exchange Visitor										
Other: (List)														
Have you ever cha	anged your visa ty	pe or U.S. im	migration stat	us? Ye	s	No								
	he date and nature			/										
Enter the type of l	J.S. visa you held	during these	years:											
	_ 2012				2015		2016 _		_					
_	status is J-1, wha		•	_	_									
01 Student 05 Professor 12 Research Scholar														
02 Short Term		Other: (												
What is the actua	al primary activity	y of the visit	? Check one:											
Under the control of														
U 02 Studying in a Non-Degree Program U 05 Observing U 08 Training U 11 Temporary Employment									-					
03 Teaching			06 Consulting		monst	rating Spec	ial Skill	s 📙 12	Here w	ith Spous	e			

Check the years you were present in the United State	_			_	tudent for ar	ny part of t	he year.	
2010 2011 2012 2013 2019 Were you present in the U.S. on a teacher, trainee or syears?		_	015 a for a	2016 any part of	more than a	ny 5 calen	dar	□No
How many days (including vacations, nonworkdays a	nd na	rtial d	avs)	were vou n	resent in the	US durii		
2013 2014 2015	-	2016 _				, 0.0. dam	ig.	
List the dates you entered and left the United States durin								
Date entered United States Date departed United States		J.		ate entered l	Jnited States	Date depar	ted United States	
mm/dd/yyyy mm/dd/yyyy			L	mm/dd			n/dd/yyyy	
			L					
Did you file a U.S. income tax return for any year before 2	2016?		Yes	No				
If "Yes", give latest year/ Form nu								
During 2016, did you apply to be a green card holder (law						es?	Yes No	
Do you have an application pending to change your status					t? Yes	S No		
1. Are you claiming the benefits of a U.S. income tax trea	-		eign c	ountry?	Yes	No		
If "Yes", enter the appropriate information in the column	ns belo	W:			1			
(a) Country		(b) T	ax Tre	aty Article	(c) Number claimed in pri	xempt tax year		
2. Were you subject to tax in a foreign country on any of t	the inco	ome s	hown	in 1(d) abov	ve? 🗌 Y	es 🗌 N	0	
Information about academic institution you attended	in 201	6:						
Name:					Telephone	Number:		
Address:								
Name of the director of your academic or specialized programmes.	gram:							
Address:								
Telephone Number:								
During 2016 did you receive:				Did you			☐ Yes [	No
Scholarships or Fellowship Grants			No	-	Casualty or Theft Losses			
Wages, Salaries or Tips	Ye	_=	No		oan Interest		Yes	No No
Interest or Dividend Income	Ye		No		ocal Income	Yes [	No	
Distributions from IRA, Pension or Annuity	Y€	_=	No	U.S. Char	Yes _	No No		
			No	_	Moving Expenses Yes  Business Expenses Yes			
Inemployment Compensation			No No		Child/Dependent Care Expenses Yes			
Capital gains or losses  Any Other Income			] NO					No
(gambling, lottery, prizes, awards, rents, royalties, etc.)			No	IRA Conti	IRA Contributions Yes			
I would like for my refund and/or payment owe	d to be	e refu	nded	/ deducted	for the follow	ving bank a	account:	
*** Name of Bank:								
* Checking #								
* Saving #								
* Routing #								