		h Carolina at Charlo al Information Form		
This version is for no	on-UNC Charlotte students a	and must be completed to rece	ive any form of payment.	
Please answer all of the questions. Submit the completed form a				-
, ,			or any question that is not applicable, please note N/A. If you hav	
			upon review of the form: photo page of your passport, social secu	rity
card or ITIN, I-94 departure card, visa, and current I-20, DS2019, http://www.irs.gov/pub/irs-pdf/fw8ben.pdf			quired to complete the W-8BEN.	
Inttp://www.iis.gov/pab/iis-pai/iwobeii.pai	Current One	o onanolle employees are not re	quired to complete the W-obits.	
UNC Charlotte Contact (Name, Department, Phone Number):			ni Tippett, 704-687-1363	
	· · · · · · · · · · · · · · · · · · ·	IAL INFORMATION		
Last or Family Name:	First Name:		Middle:	
Date of Birth (mm/dd/yy):	Social Security Number	er or ITIN:	UNC Charlotte ID Number	
U.S. Telephone Number:	Email Address:			
	(2) ADDRESS INFORMATIO	ON (Street Address, not a P.O. I	Вох)	
U.S. ADDRESS (Use campus department address if visitor does	not have a local address.)	HOME COUNTRY/PERMA	NENT ADDRESS (This is required to claim treaty benefits.)	
Address Line 1:		Address Line 1:		
Address Line 2:		Address Line 2:		
Address Line 3:		Address Line 3:		
City:		City:		
State:		Province/Region:		
Country: United States		Country:		
Zip Code:		Postal Code:		
	(3) TA)	X RESIDENCE		
What is your country of tax residency? This is your country of res	sidency immediately prior to th	is current visit to the U.S.		
Did your tax residency in that country end prior to this visit to the	U.S.? □ Yes □	No If yes, when? (mm/dd/	(yy)	
	(4) PASSPO	RT INFORMATION		
Country of Citizenship (country that issued passport):		Passport Number:		
Are you a citizen of or do you have a passport from any other cou	ıntry? □ Yes □	No If yes, what country?		

		(5) ACTIVITY AN	ND PAYMENT INFO	ORMAT	ION					
Description of Services/Activity/Reason for Pa	ayment:									
Payment Type: □Wages	☐ Honorarium - Must co	omplete Section (6)	□Prize/Award		Scholarshi	ip	☐ Other:			
Department providing payment:		Position Title:				Amour	t:			
(6) HONORARIUM PAYMENT (If payr	nent type is an honorariu	m, this section is re	equired to be comp	leted. I	For all other	r payments,	skip this section a	nd proc	eed to Section	n (7).)
Is the activity for which you are receiving the h	nonorarium scheduled to la	st more than 9 days	s?						Yes	□ No
Have you received an honorarium payment from	•		•						Yes	□ No
Is the activity for which you are receiving the hor meeting of boards) that benefits the University		emic activity (e.g. led	cturing, teaching, sł	naring k	nowledge, m	naster classe	S,		Yes	□ No
		(7) CURRENT IMM	IIGRATION STATU	IS/VISA	TYPE					
☐ F-1 Student	☐ B-1 Temp	orary Visitor for Bus	siness			WBI Canadi	an Walkover for Bu	usiness		
☐ H-1 Specialty Occupation	•	orary Visitor for Ple					ian Walkover for P			
☐ J-1 Exchange Visitor☐ U.S. Lawful Permanent Resident		tor from Visa Waive tor from Visa Waive	•			IN Canadia Other:	n or Mexican Citize	en Prote	essional	
			·							
What is the start date of this immigration statu	s? (This is the date you fir	st entered the U.S.	as indicated on you	ır I-94, d	or the date y	ou changed				
your status.)									mm/dd/yy	
What is the projected end date of this status?	(This is the expected com	pletion date of the a	activity and/or the da	ate on y	our immigra	ation docume	nt.)			
. ,			·	·	J		,		mm/dd/yy	
If F , J , H , TN , O , L , P , A or G visa status, wha	t is the name of the sponso	oring organization lis	sted on your immigr	ation do	ocuments?					
If J-1 Exchange Visitor, check the J-1 subtype	. If not applicable, check t	he "Not Applicable"	box.							
□ Not Applicable	• • • • • • • • • • • • • • • • • • • •	Short term scholar			Research	Scholar	☐ Other:			
If student status/visa, check the student type.	If not applicable, check the	e "Not Applicable" b	OOX.							
If student status/visa, check the student type. Not Applicable		e "Not Applicable" b Graduate	oox.		Post Docto	oral	☐ Other:			
•••	☐ Undergraduate ☐	• •			Post Docto	oral	□ Other:			
☐ Not Applicable	☐ Undergraduate ☐	Graduate				oral Lecturing	□ Other:		Observing	
☐ Not Applicable What is your primary purpose for this current s	☐ Undergraduate ☐ status?	Graduate	☐ Doctoral			Lecturing	□ Other:		Observing Clinical Actir	vities

		(8) IMMIGRATION HIS	STORY			
	ation related to your current im	rs (including tourism activity, spousal status,	etc). If the immigration activity was F, J, M, or Q, lis ed to document short vacations home during semes			
	Not Applicable - I do not have	reportable immigration activities.				
Date of Entry	Date of Exit	Visa Type/Immigration Status and subtype if applicable (J-1s)	Primary Purpose	Did you take tax benefits?		
Example: 12/20/08	01/05/09	VWT	Tourism		Yes	✓ No
Example: 04/20/09	04/27/09	VWB	Lecturing (University of Florida)	✓	Yes	□ No
Example: 09/27/07	10/05/07	<u>B-1</u>	Conducting Research (Indiana University)		Yes	✓ No
Example: 08/16/99	05/20/01	J-1 Student	Studying (Harvard University)	<u></u>	Yes	□ No
					Yes	□ No
					Yes	□ No
					Yes	□ No
					Yes	□ No
					Yes	□ No
					Yes	□ No
					Yes	□ No
		(9) CERTIFICATION STA	ATEMENT			
I certify that to the best of my k	nowledge and belief all of the ir	nformation on this form is correct.		•		
Signature:			Date (mm/dd/yy):			
		(10) TO BE COMPLETED BY	TAX OFFICE			
Note		. ,				
Cignotura		r	Data (manidalissi):			
Signature: FS002 - Foreign National Informa	tion Form Non Student		Date (mm/dd/yy):		Lastundat	ed 12/11/2013
. 3002 - FUIBIYII National IIIIOIIIIa	uon i onn - Non-Student				Lasi upuali	5u 12/11/201