

Yale University 3415 FR.01 International Information Form (IIF) & Substitute IRS Form W-8 BEN

Answer all applicable questions. Attach to this form a cop (white or green card inside your passport), copy of U.S. vis applicable visa document. This form must be returned bef	a stamp, ID page from passj	port and form I-20, form DS-2019 or				
SECTION 1						
Last (Family) Name:	_First:	Middle:				
Social Security # or ITIN: (This field generally cannot be left blank. Please see instructions for exception to this requirement.)	FOREIGN RESIDENCE A	DDRESS:				
U.S. LOCAL STREET ADDRESS:						
City:		Province/Region:				
State:Zip:	Foreign Country:					
Type of Beneficial Owner: Individual Corporation Complex trust Estate Government International	Disregarded entity Partnal organization Central bar	nership Simple trust Grantor trust nk of issue Tax-exempt organization				
Country of Citizenship:	Country Issuing Passport:					
Passport #:	Visa #:	(number printed in red)				
Have you ever been in the United States prior to this visit?	Yes No If yes, see page	2, Section 5.				
CURRENT IMMIGRATION STATUS:						
☐ U.S. Immigrant/Permanent Resident ☐ B-1 Visitor for But ☐ H-1B Temporary Employee ☐ B-2 Visitor for Plet ☐ J-2 Spouse or Child of Exchange Visitor ☐ O-1 Exception	siness	ness (visa waiver) F-1 Student sure (visa waiver) J-1 Exchange visitor				
IF CURRENT IMMIGRATION STATUS IS B-1, B-2, WB OR WT: The number of days that academic activities will be performed Have you accepted honoraria and/or reimbursement for expens months? Yes No	es, from more than 5 U.S. inst	itutions or organizations in the last 6				
If you are receiving substantiated expense reimbursement, form. If you are receiving additional payments (e.g., honor	arium, consulting fees, etc) c	continue to Section 3.				
Under penalties of perjury, I declare that I have examined belief it is true, correct, and complete. Signature:	the information on this form	and to the best of my knowledge andDate:				
SECTION 2: Complete if immigration status is no	ot B-1, B-2, WB or WT	* = non-Yale sponsorship				
WHAT IS THE PRIMARY ACTIVITY OF THE VISIT? CHECK ONE						
□ Studying in a Degree Program □ Observing □ Studying in a Non-Degree Program □ Consulting □ Teaching □ Conducting Research	☐ Demonstrating Special S ☐ Clinical Activities h ☐ Temporary Employment	☐ Performing as an Artist t * ☐ Supporting an Athlete/Artist				
	* Practical Training	Here with Spouse				
IF CURRENT IMMIGRATION STATUS IS J-1, WHAT IS THE J-1CA ☐ Student ☐ Professor ☐ Trainee * ☐ Research Scholau		Term Scholar Other				

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	: Answer all	applicable questi	ons					
What is the actu	ial date you ente	red the U.S. in this sta	atus? (month/day/year)					
Start date of your non-immigrant status for this primary activity:/ End date of your non-immigrant status for this primary activity?/ End date of your non-immigrant status for this primary activity?/								
What is your source of funding? U.S. Foreign								
	Do you have a spouse in the U.S.? Yes No If you have dependents in the U.S., how many?							
	If you are a student, what type? Undergraduate Masters Doctoral Other:							
	Name of sponsoring institution (as listed on immigration document): Do you have Employment Authorization Document (EAD)? Yes No							
				ce (fixed base) in the U.	S? TYes TNo			
Consultants/Ser	it-embiosea m	If yes, how ma	ny days in this tax year	did you/will have an off	ice (fixed base)?			
		How many day	s in this tax year will y	ou be present in the U.S.	?			
Country of tax re	esidence if differ	ent from foreign resid	dence address:	o If yes, when?/				
		Did tax residen	icy end? Yes N	o it yes, when '				
SECTION 4:	Complete only	if claiming tax treat	ty benefits for non-ser	vice payments. Must er	nter valid SSN or ITIN in Section 1			
I certify that: (check all that apply) A. The beneficial owner is a resident of within the meaning of the income tax treaty between the U. S. and that country. B. If required, the U.S. taxpayer identification number is stated in Section 1 above. C. The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000. Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line A above to claim a % rate of withholding on (specify type of income): Explain the reasons the beneficial owner meets the terms of the treaty article: SECTION 5: List any visa immigration activity for prior visits to the U.S. (attach additional sheets if needed)								
Date of Entry	Date of Exit			Primary Activity	Have You Taken Any Treaty Benefits?			
	1 1				_ [] Yes [] No [] Unknown			
					1			
1 1								
// //	_/_/_				_ 🗌 Yes 🗌 No 🔲 Unknown			
!! !!	!!				Yes No Unknown Yes No Unknown			
/_/_ /_/_ SECTION 6	!!							

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PART B: SUBSTANTIAL					
The Substantial Presenc	e Test involves a ca	alculation of the number of days that	you have b	een physica	lly present in the U.S.
For purposes of this cal	culation, DO NOT	include in your calculation any days	that you ar	e or were pr	esent in the U.S. as:
the U.S.) • A Professor or	Research Scholar	dent, on an F or J category visa (durin or dependent of a Professor or Resea	rch Scholar		
		dar years that you are/were present in			
date, do not incl	ude in your calcula	first time on August 15, 2004 as a J- tion the days that you are or were pro d begin to count the number of days p	sent in the	U.S. for the	first two calendar years (2004 a
do not include in 2003, 2004 and 2 until the present.	n your calculation to 2005). For this exam	first time on August 22, 2001, as an in the days that you are or were present imple, you would begin to count the number to include in your calculations	in the U.S. i umber of d	for the first i ays present	five calendar years (2001, 2002, in the U.S. form January 1, 2006
	ays in a calcidar	U.S."	, enter a "	o" (zero) on	the line for "Number of Days
	YEAR	NUMBER OF DAYS IN U.S.		CALCU	LATION FOR SUBSTANTIA PRESENCE
Current Year			x 1	=	
1 ST Preceding Year	·		× 1/3	=	<u> </u>
2 nd Preceding Year			× 1/6	=	
				TOTAL:	
As of the date you comple	eted this form:			-	
• if the total is	less than 183 you	are a NONRESIDENT ALIEN for	tax purpose	es.	
		r than 183 you are a RESIDENT AL	JEN for tax	x purposes.	
PART C. SUMMARY OF RE I certify that I	am a lawful PERM	IANENT RESIDENT or IMMIGRAI	NT ALIEN.		
I certify that I	am a RESIDENT	ALIEN for tax purposes,			37 00 1
form relates; this in	am a NONKESIDI	ENT ALIEN for tax purposes; I am thively connected with the conduct of a	he beneficia Ltrade or hi	al owner of a	all of the income to which this
citizen or long-tern	n resident of the Ur	nited States subject to section 877 (re	lating to ce	rtain acts of	repatriation) or, if I am subject t
Section 877, I am n additional forms w	evertheless entitled ill result in the auto	d to treaty benefits with respect to an omatic withholding of tax at the maxi	ounts recei mum rates.	ived. Failure	to complete any required
I declare under penalties my visa status or if my vi	of perjury that th sa/immigration st	ne information provided above is tratus changes, I will notify the Univ	ue, correc ersity Tax	t and comp Office imn	lete. If I receive an extension o
The Internal Revenue Se required to establish you	rvice does not req r status as a foreig	uire your consent to any provision gn person, and, if applicable, obtain	s of this do n å reduced	cument oth d rate of wi	er than the certifications thholding.
Signature:		_ Phone Number (optional):		E	Date:
FOR TAX DEPARTMENT US	E ONLY:				

Residency Status | Residency Status Change

Date

Tax Treaty Expiration Date Schol/Fellow:

Salary/Wages:

Dollar Limit

FICA Expiration Date

Tax Rate

Approval/Date