

## **INSTRUCTIONS FOR INTERNATIONAL TRAVEL REIMBURSEMENT WORKSHEET**

**\*\*\*All International Visitors are required to fill out a W8Ben and a Foreign National Data Form.\*\*\***

**I 94 or admittance stamp and I 797 (if applicable), A copy of your Passport, Visa, and a CV (Curriculum Vitae)**

**NOTE:** Original receipts are needed for the following expenses: airfare, trains, buses, limos, tolls, lodging, rental cars, registration fees, gas for rental car and parking.

**If a receipt is not available, please provide a note explaining why.**



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### VISITOR TRAVEL REIMBURSEMENT WORKSHEET

Name/Title:	
Address:	
University you represent:	
Phone Number:	
Email Address:	
Date Arrived:	
Date Departing:	
Reason for Visit:	
Your Host:	

Traveler's Signature: \_\_\_\_\_

**"If you have a social security number then you will only need to fill out the W9 form"**

Forms Checklist:	
<input type="checkbox"/> Foreign National Data Form	<input type="checkbox"/> Passport
<input type="checkbox"/> W8Ben	<input type="checkbox"/> Visa
<input type="checkbox"/> I 94 or admittance stamp	<input type="checkbox"/> Curriculum Vitae
<input type="checkbox"/> I 797 (if applicable)	<input type="checkbox"/> W9



# Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

OMB No. 1545-1621

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.  
 ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

**Do not use this form for:**

- A U.S. citizen or other U.S. person, including a resident alien individual Instead, use Form: W-9
  - A person claiming that income is effectively connected with the conduct of a trade or business in the United States W-8ECI
  - A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) W-8ECI or W-8IMY
  - A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) W-8ECI or W-8EXP
- Note:** These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.
- A person acting as an intermediary W-8IMY
- Note:** See instructions for additional exceptions.

**Part I Identification of Beneficial Owner** (See instructions.)

1 Name of individual or organization that is the beneficial owner	2 Country of incorporation or organization															
3 Type of beneficial owner: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Disregarded entity</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Simple trust</td> </tr> <tr> <td><input type="checkbox"/> Grantor trust</td> <td><input type="checkbox"/> Complex trust</td> <td><input type="checkbox"/> Estate</td> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> International organization</td> </tr> <tr> <td><input type="checkbox"/> Central bank of issue</td> <td><input type="checkbox"/> Tax-exempt organization</td> <td><input type="checkbox"/> Private foundation</td> <td colspan="2"></td> </tr> </table>		<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> International organization	<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Private foundation		
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<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Private foundation														
4 Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>																
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)															
5 Mailing address (if different from above)																
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)															
6 U.S. taxpayer identification number, if required (see instructions)	7 Foreign tax identifying number, if any (optional)															
8 Reference number(s) (see instructions)																
<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN																

**Part II Claim of Tax Treaty Benefits** (if applicable)

9 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 United States and that country.
- b  If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
- c  The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
- d  The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
- e  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.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article ..... of the treaty identified on line 9a 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: .....

**Part III Notional Principal Contracts**

11  I have provided or will provide a statement that identifies those notional principal contracts from which the income is **not** effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

**Part IV Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,

2 The beneficial owner is not a U.S. person,

3 The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, **and**

4 For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

**Sign Here** ▶ \_\_\_\_\_  
 Signature of beneficial owner (or individual authorized to sign for beneficial owner)      Date (MM-DD-YYYY)      Capacity in which acting

# FOREIGN NATIONAL DATA FORM

The Foreign National Information Form must be completed before you can receive any form of payment from the Payroll or Accounts Receivable departments. All applicable questions must be answered.

Last (Family) Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security Number or Individual Taxpayer Identification Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Visa No. \_\_\_\_\_

Virginia Tech (Hokie) ID: \_\_\_\_\_ Date of transfer to Virginia Tech (if applicable) \_\_\_\_\_

**Date of very first 1<sup>st</sup> arrival in the United States (US) and Visa Type:** \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country That Issued Passport: \_\_\_\_\_

## U.S. LOCAL ADDRESS:

## FOREIGN RESIDENCE ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Country of Tax Residence if Different From Foreign Residence Address: \_\_\_\_\_

Did tax residency end?  Yes  No If Yes, when \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Day / Year

**INCOME PROVIDING ACTIVITY:** (What is your occupation or generally describe the service you will performs) \_\_\_\_\_

## FOR CONSULTANTS OR SELF-EMPLOYED INDIVIDUALS:

Do you or will you have an office (fixed base) in the United States? Yes  No

If Yes, how many days in this tax year did you/will you have an office (fixed base)? \_\_\_\_\_ days.

## CURRENT IMMIGRATION STATUS:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> U.S. Immigrant/Permanent Resident | <input type="checkbox"/> J-1 Exchange Visitor              | <input type="checkbox"/> F-1 Student                         |
| <input type="checkbox"/> H-1B Temporary Visitor            | <input type="checkbox"/> J-2 Dependent of Exchange Visitor | <input type="checkbox"/> OPT or <input type="checkbox"/> CPT |
| <input type="checkbox"/> Other _____                       |  |  |

What is the Start Date of This Immigration Status (Issue date of visa)? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Day / Year

## IF F-1 VISA STATUS WHAT IS STUDENT TYPE? CHECK ONE:

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Masters        | <input type="checkbox"/> Doctoral |
| <input type="checkbox"/> Other _____   | <input type="checkbox"/> Not Applicable |                                   |

## IF J-1/J-2 VISA STATUS, WHAT IS THE SUBTYPE? CHECK ONE:

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Student            | <input type="checkbox"/> Professor   | <input type="checkbox"/> Research Scholar |
| <input type="checkbox"/> Short Term Scholar | <input type="checkbox"/> Other _____ |   |

## WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? CHECK ONE:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 01 Studying in a degree program | <input type="checkbox"/> 05 Observing           | <input type="checkbox"/> 08 Training           |
| <input type="checkbox"/> 03 Teaching                     | <input type="checkbox"/> 06 Consulting          | <input type="checkbox"/> 11 Temporary Employee |
| <input type="checkbox"/> 04 Lecturing                    | <input type="checkbox"/> 07 Conducting Research | <input type="checkbox"/> 12 Here with Spouse   |
|  |   | <input type="checkbox"/> 15 Student Intern     |

What is the actual date you entered the United States for this primary activity? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Day / Year

What is the end date of your immigration status' primary activity? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Day / Year

**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM WITH YOUR VISA HISTORY AND SIGNATURE.**

**PLEASE LIST ALL USA - F, J, M, Q OR H VISA IMMIGRATION ACTIVITY SINCE 1/1/1985**

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Have you taken any tax 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
/ /	/ /	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE LIST ALL OTHER USA - VISA IMMIGRATION ACTIVITY IN LAST THREE (3) CALENDAR YEARS**

/ /	/ /	_____	_____	_____	<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

**I hereby certify that all of the information on this form is 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 National Data Form to the Payroll Department.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_