



LaGuardia Community College

31-10 Thomson Avenue - Long Island City, New York 11101. Telephone (718) 482-7200

RESIDENCY STATUS FOR TAX PURPOSE DATA REQUEST FORM

Section 1441 of the Internal Revenue Code states that a withholding agent is required to withhold federal income tax from all payments made to or on the behalf of a nonresident alien, and Treasury Regulation Section 1.1461-2 requires all such payments to be reported to the IRS. All payees must complete the Residency Status for Tax Purpose Data Request Form before payments can be made. Failure to disclose such information can result in the suspension of any payments due.

Instructions: Please complete Section 1 and 2 as they pertain to you, and sign the bottom portion of the form.

Section 1: Payee Information and Verification.

Name: _____
Last First Initial

Address: _____
No. Street Apt# City State Zip

Social Security #: _____

Are you authorized to work in the U.S.? Yes No

I attest, under penalty of perjury, that I am (Check one of the following and provide evidence of identity):*

- A Citizen or National of the United States (Skip section 2)
- A Lawful Permanent Resident (Alien # A) (Skip section 2)
- A Non-Permanent Resident Alien authorized to work until (Go to section 2)
- A Non-Permanent Resident Alien (Go to section 2)

*Any of the following: (a) Passport; (b) Green card or (c) I-94; Form I-20; Visa; Form IAP-66 (If applicable)

Section 2: Information for the substantial presence test.

1. Citizen of : _____

2. What is your current Visa Type/ Immigration Status? _____

3. What is your Primary Purpose of Visit to the U.S.? _____

4. Date of arrival into the U.S.? _____

5. Any prior visits to the U.S.?

- No (Stop and sign form)
- Yes (Answer a, b, & c as pertain to prior visit(s)).

(a) Immigration status: _____

(b) Primary Purpose: _____

(c) Date of entry: _____

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Signature _____

Date (month/day/year) _____