



**STATEMENT OF CITIZENSHIP STATUS and TAXATION**  
**Pennsylvania State System of Higher Education**

Millersville University

Tax Year 20\_\_\_\_\_

In order to comply with the applicable provisions of the U.S. Internal Revenue Code, the information requested on this form is necessary for the University to determine the correct rate of Federal tax withholding.

**DIRECTIONS:**

1. Permanent U.S. resident immigrant, complete sections A,B,C, D and F, and attach a photo copy of your alien registration card (green card).
2. All others, complete entire form, and attach a copy of your I-94 (Arrival and Departure Record) and your work authorization paper work (DS-2019/IAP-66, I-20, Notice of Action, Employment Authorization Card).

**A. PERSONAL INFORMATION:**

Name (last, first, middle)		Date of Birth	Local Phone #	Candidate for a degree? YES <input type="checkbox"/> NO <input type="checkbox"/>
Street address while in U.S.		Street address in country of residence		
City		City	Province	
State	Zip Code	Country	Postal Code	

**B. EMPLOYMENT INFORMATION:**

- Faculty / Staff Employee
- Student Worker (limited to 20 hours per week during the academic year)

**C. SOCIAL SECURITY INFORMATION:**

Have you applied for a Social Security Number (SSN)?

- Yes - My number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- No have not applied. (In order work and be paid you are required to have a SSN. (Your university payroll office can direct you to the university representative who can assist you with this requirement. Please notify the Payroll office in writing when you receive your number.)

**PRIVACY NOTIFICATIONS:**

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security Number is mandatory. Disclosure of the Social Security Number is required pursuant to sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and with Regulation 4, Section 404.1256, Code of Federal Regulations under Section 218, Title II of the Social Security Act, as amended. The Social Security Number is used to verify your identity. The principal uses of the number shall be to report (1) state and federal income taxes withheld, (2) Social Security contributions, (3) state unemployment and Workers' Compensation earnings, and (4) earnings and contributions to participating retirement systems.



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**D. CITIZENSHIP AND VISA INFORMATION:**

Citizen of (Country)		Resident of (Country)	
What country issued you a passport?	Passport Number	What is the primary purpose of your visit to the US?	
Is this your first visit to the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list all entries into the U.S. and the previous non-visitor visa types (F1, J1, H1-B):			
Date of Entry into U.S.	Date of Exit from U.S.	Visa Type	
Most recent U.S. entry date:	Visa type on I-94:	Expiration date of I-94:	Intended length of stay in U.S. (if known):

**E. DETERMINATION OF FEDERAL TAX WITHHOLDING STATUS. (To be completed by alien.)**

Follow directions for each test.

**Test 1: "Exempt Individual" Days for Substantial Presence** Check any applicable statement:

- I have a Type A visa or Diplomatic or Consular status.
- I have a J-1 visa and I was in the U.S. as a teacher, trainee, researcher, or student on a J-1 or F-1 visa for less than 2 calendar years of the preceding six years.
- I am a student on an F-1 or J-1 visa and have been in the U.S. for five or fewer calendar years.
- I am a student on an F-1 or J-1 visa and have been in the U.S. for more than five calendar years, and I have established with the IRS that I do not plan to reside in the U.S. when my education is completed. (Attach IRS notification letter)

**If you marked any box, you are a nonresident alien for tax purposes. Please complete "Test 2" completely but instead of performing the calculation enter ZERO in the far right column, otherwise calculate the days.**



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<b>Test 2: Substantial Presence Test (SPT)</b>							
I have been present in the US during the current and the previous two years as follows:							
	<b>Enter year</b>	<b>Visa Type</b>	<b>Date Entered US</b>	<b>Date Departed US</b>	<b>Number of Days in US</b>		<b>Computation of SPT</b>
<b>Current Year</b>						x 1 =	
<b>1<sup>st</sup> Preceding Year</b>						x 1/3 =	
<b>2<sup>nd</sup> Preceding Year</b>						x 1/6 =	
							<b>Total Days:</b>

Option: I elect to be treated as a U.S. citizen for income tax purposes. This election can be made as soon as I arrive in the United States. This will allow me to complete a W-4 like any U.S. citizen for federal withholding, and will make me subject to social security/Medicare taxes immediately. (Students may be exempt from FICA through the 218 Agreement.)

**F. SIGNATURE:**

I declare under the penalties of perjury that this statement, to the best of my knowledge and belief, is true and correct.	
_____	_____
<b>Signature</b>	<b>Date</b>
<b>Department Contact:</b> _____	<b>Contact's Phone #:</b> _____

**ATTACH ALL OF THE FOLLOWING DOCUMENTS:**

- |   |   |
|---|---|
| <p><u>All Nonresident Aliens in the U.S. under a visa</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Residency Certification Form (Local tax form)</li> <li><input type="checkbox"/> Completed Form I-9 (1<sup>st</sup> time hired &amp; thereafter upon expiration of documents)</li> <li><input type="checkbox"/> Completed Form W-4</li> <li><input type="checkbox"/> I-94</li> <li><input type="checkbox"/> DS-2019/IAP-66 or I-20</li> <li><input type="checkbox"/> Copy of Social Security card</li> <li><input type="checkbox"/> Copy of Passport &amp; Visa Stamp</li> </ul> | <p><u>Green Card Holders</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Residency Certification Form (Local tax form)</li> <li><input type="checkbox"/> Completed Form I-9 (1<sup>st</sup> time hired &amp; thereafter upon expiration of documents)</li> <li><input type="checkbox"/> Completed Form W-4 (when hired, then optional changes by employee)</li> <li><input type="checkbox"/> Green Card (I1797/I1797Ad)</li> <li><input type="checkbox"/> Copy of Social Security card</li> </ul> |
|---|---|

Please forward this form and the requested documents to the Payroll Office.