

# THE UNIVERSITY OF CHICAGO

## UPP-192 – ALIEN DETERMINATION OF RESIDENCY

All applicable questions must be answered. Attach copies of documents listed on the back of this form. This form and documents must be returned to Payroll Services (6054 S. Drexel, Suite 300) before any payment will be issued.

### FOR PAYROLL USE ONLY

Visa: \_\_\_\_\_ FICA: Y N  
 Entr: \_\_\_\_\_ Start: \_\_\_\_\_  
 Exp: \_\_\_\_\_ Resident  
 Ctry: \_\_\_\_\_ Non-Resident  
 Entered by: \_\_\_\_\_

### SECTION I. PAYEE INFORMATION

Name (Last, First)	Email	SSN or ITIN
Country of Citizenship	Country of Residence (Do not indicate US)	Department (of employment)
Passport Issued by (Country) and Passport Number	Visa Number (not control number)	UC Student ID (If Applicable)

### SECTION II. CURRENT ALIEN STATUS

<input type="checkbox"/> Change of Status to Permanent Resident	<input type="checkbox"/> F1 Student on "Practical Training" (OPT or CPT)	<input type="checkbox"/> H-1B Employee
<input type="checkbox"/> Permanent Resident Applicant	<input type="checkbox"/> J1 Student	<input type="checkbox"/> J2 Spouse/Dependent of a J1 Non-Student
<input type="checkbox"/> B1, WB, WT (Business)	<input type="checkbox"/> J1 Student on "Academic Training"	<input type="checkbox"/> J2 Spouse/Dependent of a J1 Student
<input type="checkbox"/> F1 Student	<input type="checkbox"/> J1 Non-Student (Research Scholar, Professor, Short-Term Scholar)	<input type="checkbox"/> Other USCIS Classification: _____

### SECTION III. IMMIGRATION INFORMATION *(Permanent Residents skip to Section IV)*

Furnish the information to detail the number of days of physical presence in the US for each calendar year.

	List Calendar Year	Number of days of physical presence	Periods (dates of physical presence)	Visa/USCIS classification	Were tax treaty benefits taken?
EXAMPLE	2008	350	01/15/08 – 12/31/08	J1 Student	NO
Current Year					
Last Calendar Year					
2 Years Ago					
3 Years Ago					
4 Years Ago					
5 Years Ago					
6 Years Ago					

Date of first entry into the US (not as a tourist)	USCIS visa classification held during first entry	Expiration date of current USCIS classification	Anticipated date of departure from the US
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### SECTION IV. CERTIFICATION AND SIGNATURE

I certify that to the best of my knowledge all of the information provided above is true, correct and complete.

Signature \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_

**SECTION V. DETERMINATION OF RESIDENT STATUS FOR TAX WITHHOLDING**

<p><b>TEST 1</b></p> <p>Exempt from Substantial Presence Test</p> <p>(F or J Classification)</p>	<p><b>A. F1 or J1 STUDENTS:</b> Were you present in the US as a student, trainee or teacher during any part of the five (or fewer) calendar years, but not more than 5 total calendar years? _____</p>
	<p><b>B. J2 Dependent of STUDENT:</b> Are you the dependent of a J1 STUDENT described in Question A above? _____</p>
	<p><b>C. J1 NON-STUDENT:</b> Within the period of the previous 6 calendar years, were you either entirely absent from the US or present in the US as a student, trainee or teacher for only 1 calendar year? _____</p>
	<p><b>D. J2 Dependent of NON-STUDENT:</b> Are you the dependent of a J1 NON-STUDENT described in Question C above? _____</p>

If you answered "YES" to any of the above questions, you are considered a **NON-RESIDENT** Alien for tax purposes. Check the **NON-RESIDENT** Alien box in Section VI. If you answered "NO" to any questions above OR they do not apply to you, continue to Test 2.

<p><b>TEST 2</b></p> <p>Substantial Presence Test</p> <p>(For Current Year – include estimated days of presence for entire calendar year)</p>	<b>Calculate the number of days of physical presence in the US</b>			
		List Calendar Year	Number of days of physical presence	Computation for Test
	Current Year	_____	_____ X 1 =	_____
	Last Year	_____	_____ X 1/3 =	_____
	2 Years Ago	_____	_____ X 1/6 =	_____
		<b>TOTAL</b>	_____	_____

If the above total is greater than or equal to 183, you are a **RESIDENT** Alien for tax purposes. Check the **RESIDENT** for tax box. If the total is less than 183, you are a **NON-RESIDENT** Alien for tax purposes. Check the **NON-RESIDENT** for tax box.

**SECTION VI. RESIDENCE STATEMENT FOR TAX PURPOSES**

<input type="checkbox"/> Resident Alien for Tax Purposes (Must complete W9)	<input type="checkbox"/> Non-Resident for Tax Purposes (Scholarship/Fellowship Recipients must complete W-8BEN-S) (Independent Contractor/Honorarium Recipients must complete W-8BEN-I)
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**USCIS Visa Classification** Required documents to attach to this form. Signature is required on I-20, DS-2019 and Social Security Card. If employed, individuals **MUST HAVE** a Social Security Number or a Receipt a Social Security Number has been applied for. (Independent Contractors are not required to have an SSN, ITIN or receipt.)

Change of Status to Permanent Resident	<i>If Employed:</i> I-9 Re-certification (Section III) and copy of supporting I9 documentation <i>If receiving Scholarship:</i> Signed and dated UPP-192 only.
Permanent Resident Applicant	Unexpired Employment Authorization Card (EAD)
F1 Student	I-20; I-94 (front and back)
F1 Student on OPT	Employment Authorization Card (EAD)
F1 Student on CPT	I-20 (indicating UC CPT on page 3); I-94 (front and back)
J1 Student	DS-2019; I-94 (front and back)
J1 Non-Student	DS-2019; I-94 (front and back)
J2 Dependent	Unexpired Employment Authorization Card (EAD)
H-1B Worker	I-797 Notice of Action; I-94 (front and back)
TN Professional	I-94 indicating "TN" status and "University of Chicago"; Picture Page of Passport
B1, WB, WT	I-94 (front and back) or ESTA receipt; Picture Page of Passport
Treaty Eligible Aliens: -Must have SSN or Receipt if employed -Must have SSN or ITIN if receiving Scholarship or Independent Contractor Payments	-Form 8233 and Revenue Procedure Statement (Non-Resident Employees and Independent Contractors) -Form W9 and W9A (Resident Employees) -W-8BEN-S (Stipend Recipients and Post-Doctoral Fellows) (Must have SSN or ITIN) -W-8BEN-I (Royalty Recipients)

**SECTION VII. TO BE COMPLETED BY DEPARTMENT REPRESENTATIVE (Required)**

Department Contact Person: _____	Department Name: _____
Email Address: _____	Phone Number: _____