



# International Visitor Worksheet

This form is to be completed by the host department and is used to help in determining taxable income, tax consequences, and possible tax withholdings for international visitors at St. Cloud State University.

## International visitor information:

Name: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_  
*Last (family name) First Middle*

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
*month/day/year City Country*

Country of Citizenship: \_\_\_\_\_ Country of legal permanent residence: \_\_\_\_\_

Start and end date of visit: \_\_\_\_\_

## Information about the appointment/activity to be performed at St. Cloud State University:

Department: \_\_\_\_\_

Primary position: \_\_\_\_\_ Type of visa: \_\_\_\_\_  
 Guest speaker  J-1  
 Professor  B-1/B-2  
 Researcher  Other: \_\_\_\_\_  
 Professional development participant  
 University liaison

What is the purpose of the visit:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the objectives of the visit: *(be specific)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the services that will be performed: *(be specific)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To be completed by the St. Cloud State University sponsoring department:**

What type of compensation will this short-term international visitor receive from your department?

<input type="checkbox"/> Wages	<input type="checkbox"/> Salary	<input type="checkbox"/> Guest Speaker Fee	<input type="checkbox"/> Honoraria	<input type="checkbox"/> Consulting Fee
<input type="checkbox"/> Airfare	<input type="checkbox"/> Room/Board	<input type="checkbox"/> Living Allowance	<input type="checkbox"/> Tuition/Fees	<input type="checkbox"/> Book Allowance
<input type="checkbox"/> Optional Equipment	<input type="checkbox"/> Ground Transportation	<input type="checkbox"/> Prizes/Awards	<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Meals

**Financial Support:**

SCSU FUNDING	Total
<input type="checkbox"/> Appointment* <i>Please indicate actual salary, not base.</i> # of months: _____ % of appointment: _____	\$
<input type="checkbox"/> Foundation Account*	\$ Acct # _____
<input type="checkbox"/> SCSU Account* <i>(Requires submission of the Payment Request Form)</i>	\$ Acct # _____
<b>SCSU Funding Total</b>	<b>\$</b>

*\*Any SCSU funding must follow all MnSCU policies. A copy of the contract must be submitted to the Center for International Studies along with this application. Please contact Business Services/Foundation for more information.*

OTHER FUNDS	Total
<input type="checkbox"/> U.S. government agency Name: _____	\$
<input type="checkbox"/> International organization Name: _____	\$
<input type="checkbox"/> Exchange Visitor's government	\$
<input type="checkbox"/> The binational (Fulbright) commission of the visitor's home country	\$
<input type="checkbox"/> All other universities or organizations providing support Name: _____	\$
<input type="checkbox"/> Personal funds	\$
<b>Other Funds Total</b>	<b>\$</b>

**Authorization:**

*My signature on this worksheet means the information provided is accurate and complete regarding this short-term international visitor. I understand that changes in any of the above information may result in tax consequences and requires re-submittal of all forms.*

\_\_\_\_\_  
(Signature of Faculty Mentor or Administrator)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of Department Chair)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of College/School Dean)

\_\_\_\_\_  
(Date Signed)

**Purchasing Department Use: (documents needed)**

<input type="checkbox"/> Copy of visitor's visa	<input type="checkbox"/> Form 8W-Ben	<input type="checkbox"/> DS-2019	<input type="checkbox"/> Copy of passport
<input type="checkbox"/> Copy of I-94	<input type="checkbox"/> Invitation Letter	<input type="checkbox"/> Vendor Tax Residency Form	<input type="checkbox"/> B Honoraria Eligibility Certificate
<input type="checkbox"/> Treaty/8233 Form	<input type="checkbox"/> Payment Request Form	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

\_\_\_\_\_  
\_\_\_\_\_