CITIZENSHIP STATUS FORM – UNIVERSITY OF MARYLAND Page 1

Have you ever applied for a Social Security Number (SSN) or Individual Taxpayers Identification Number (ITIN)? (ITINs can not

The following information is furnished for the purpose of determining my U.S. federal income tax withholding status for payments made to me by the University of Maryland for calendar year **2024**.

• All applicable questions below must be answered or all forms will be returned.

be used for employment)

Signature

- All copies of the appropriate immigration documents listed on "tip sheets" must be attached or all forms will be returned.
- This form must be completed and returned with all required documents to Payroll Services before any check should be issued.

□ Voc. but I have not received the number yet		use student ID (SID) if	<u>f no</u>
 □ No, but I will apply immediately for a SSN (or ITIN 	completed Affidavit of Com if Fellow only).	pliance is REQUIRED if you have	no SSN.
Information concerning application by a foreign	worker for a SSN is avail	able at http://www.ssa.gov/pubs/	/ <u>10107.html</u>
Name (PRINT CLEARLY)LAST NAME/FAMILY N.	AME FIDST	MIDDLE	
LAST NAME/FAMILY N. U.S. Visa Type or Immigration Status	I-9 expira	ntion date (N.A. for fellows)	
Country of residence (prior to living in the U.S.)		Citizen of	
Department	U.I.D		
Current USCIS classifi	ication and "GREEN CAI	RD TEST": Please check one:	
a. <u>Permanent Resident (PR)</u> : Are you a lawful U.S. in your Passport or a USCIS* letter stating approval of <u>IF YOU ANSWERED "YES" TO QUESTION (a)</u> , you Please attach copies of requested documents and s i	your application? ☐ YES* I are a Resident Alien for Tax	□ NO Repurposes. You do not need to ansection	
Signature of Permanent Resident [^]		Date^	
I certify that to the best of my knowledge complete. I understand that if my status changes f new Citizenship Status Form to the Payr	rom that which I have	•	•
Signature	•	/	 Date
	./ SSN or SID	DEPARTMENT REPRE	Date
THIS SECTION MUST BE COMP PURPOSE FOR SUBMITTING THIS FORM.	SSN or SID	DEPARTMENT REPRE	Date
THIS SECTION MUST BE COMP PURPOSE FOR SUBMITTING THIS FORM. (CHECK ONE):	SSN or SID PLETED BY THE I Department In	OEPARTMENT REPRE	Date
THIS SECTION MUST BE COMP PURPOSE FOR SUBMITTING THIS FORM. (CHECK ONE): YEARLY RENEWAL	Department:	OEPARTMENT REPRE	Date
THIS SECTION MUST BE COMP PURPOSE FOR SUBMITTING THIS FORM. (CHECK ONE): YEARLY RENEWAL Changing to valid SSN	Department: Contact person (print r	OEPARTMENT REPRE	Date
THIS SECTION MUST BE COMP PURPOSE FOR SUBMITTING THIS FORM. (CHECK ONE): YEARLY RENEWAL Changing to valid SSN New to the University	Department: Contact person (print reference)	OEPARTMENT REPRE	Date

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Date ↑