

CITIZENSHIP STATUS FORM – UNIVERSITY OF MARYLAND Page 1

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 **2025**.

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

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

- ☐ Yes, my number is: _____ **use student ID (SID) if no**
- ☐ Yes, but I have not received the number yet. **A completed Affidavit of Compliance is REQUIRED if you have no SSN.**
- ☐ No, but I will apply immediately for a SSN (or ITIN if Fellow only).

Information concerning application by a foreign worker for a SSN is available at <http://www.ssa.gov/pubs/10107.html>

Name (PRINT CLEARLY) _____

LAST NAME/FAMILY NAME FIRST MIDDLE

U.S. Visa Type or Immigration Status _____ **I-9 expiration date (N.A. for fellows)** _____

Country of residence (prior to living in the U.S.) _____ **Citizen of** _____

Department _____ **U.I.D** _____

Current USCIS classification and “GREEN CARD TEST”: Please check one:

- a. Permanent Resident (PR): Are you a lawful U.S. immigrant who has an Alien Registration Card (“Green Card”) or an “I-551” stamp in your Passport or a USCIS* letter stating approval of your application? ☐ YES* ☐ NO
- IF YOU ANSWERED “YES” TO QUESTION (a), you are a Resident Alien for Tax Purposes. You do not need to answer other questions. Please attach copies of requested documents and **sign and date this form on the line below**.

Signature of Permanent Resident^ _____

Date^ _____

Certification to be completed by the individual:

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

I understand that if my status changes from that which I have indicated on this form, I must submit a new Citizenship Status Form to the Payroll Department.

-----/-----/-----
Signature

SSN or SID

UID

Date

THIS SECTION MUST BE COMPLETED BY THE DEPARTMENT REPRESENTATIVE.

PURPOSE FOR SUBMITTING THIS FORM.

(CHECK ONE):

Department Information:

YEARLY RENEWAL	Department: _____
Changing to valid SSN	Contact person (print name): _____
New to the University	Phone number of contact person: _____
Changing Immigration Status	Notes: _____
Other: _____	_____

I hereby certify that I have reviewed this CSF, the copies of supporting documents, and the required tax forms for completeness & accuracy.

Signature ↑

Date ↑