Please contact the Payroll Office at payroll.questions@emich.edu to schedule a 30 minute appointment to apply for exemption from taxes. Include the following in the email: your student ID number and several dates/times you are available. You must show your passport, visa, I-94 and all I-20 (or DS-2019) forms at your appointment.

The exemption application may take up to three (3) pay periods to be entered into the system.

APPLICATION FOR EXEMPTION FROM SOCIAL SECURITY/MEDICARE TAX

Name (please print) Social		ial Security Number	Student ID Number		
E-Mail	Pho	one	Date of Birth		
EXEMPTION REQUESTED FOR	R FOLLOW	ING REASON:			
Non-resident working in United St With the following visa: (check on		Resident of: (Check	country below)		
F-1 Visa no. J-1 Visa no. M-1 Visa no. Other (list visa type)		Canada China France India Norway Other	Spain Sweden Switzerland United Kingdom Germany		
U.S. LOCAL ADDRESS:		(list country) FOREIGN RESIDENCE ADDRESS:			
		 Citv:			
State:		Province:	Zip:		
Has tax residency ended? Yes] No [If Yes, when/ Month / Day			

Name	•	Student ID Number:		Page 2			
Date o	f Arrival at Ea	stern Michigan University					
Date o	f very <u>first</u> ent	ry into the United States (in your lifetime)					
Origin (circle			nan one entry into se complete the exit page 3 of this form.				
Did yo	ou attend anoth	er U.S. university this calendar year? NoY	Yes Date of change				
Have y	you applied for	Permanent Residency? No Yes					
Have :	you ever had ar	n F-2 or J-2 VISA? No Yes					
Were :	you born in the	United States? No Yes					
Count	ry where you li	ved before coming into the United States					
INCOM	ME PROVIDING	ACTIVITY: (What is your occupation or generally desc	cribe the service you will perform)				
CURR	ENT IMMIGRA	TION STATUS:					
	U.S. Immig	grant/Permanent Resident J-1 Exchange Visitor	F-1 Student				
	H-1B Temp	porary Visitor	ange Visitor OPT or CPT				
	-	· ·					
	What is the Start	t Date of This Immigration Status (Issue date of visa)? M	Tonth / Day / Year				
IF F-1	VISA STATUS,	WHAT IS YOUR STUDENT TYPE? CHECK ONE:					
	Undergraduate	Post Graduate	☐ Medical Student				
	Graduate Studen	et Post Doctoral	Other				
IF J-1/.	I-2 VISA STATU	US, WHAT IS THE SUBTYPE? CHECK ONE:					
	Student	Professor	Research Scholar				
	Short Term Scho	olar Other					
IF J-1/.	I-2 VISA STATU	US, WHAT IS THE PRIMARY PURPOSE? CHECK	ONE:				
	01 Studying in a	degree program 05 Observing	08 Training				
	03 Teaching	☐ 06 Consulting	☐ 11 Temporary Employee				
	04 Lecturing	☐ 07 Conducting Research	12 Here with Spouse				
	Other	·					
	What is the actual	What is the actual date you entered the United States for this primary purpose?//					
	What is the end date of your immigration status primary purpose?//						

Name:		_ Stu	dent I	D Nui	nber:		Page 3
Complete this	section only if you	have mo	re than	one e	ntry into the U	J.S. or more than on	ne visa type.
Please list the status:	oldest dates first be	eginning	with yo	our <u>fir</u>	st entry into t	he US in your lifet	ime under any visa
Date of Entry	Date of Exit						
		F-1	F-2	J-2	J-1 Student	J-1 Non-student	Other
		F-1	F-2	J-2	J-1 Student	J-1 Non-student	Other
		F-1	F-2	J-2	J-1 Student	J-1 Non-student	Other
		F-1	F-2	J-2	J-1 Student	J-1 Non-student	Other
		F-1	F-2	J-2	J-1 Student	J-1 Non-student	Other
		F-1	F-2	J-2	J-1 Student	J-1 Non-student	Other
		F-1	F-2	J-2	J-1 Student	J-1 Non-student	Other
		F-1	F-2	J-2	J-1 Student	J-1 Non-student	Other
		F-1	F-2	J-2	J-1 Student	J-1 Non-student	Other
		F-1	F-2	J-2	J-1 Student	J-1 Non-student	Other
		F-1	F-2	J-2	J-1 Student	J-1 Non-student	Other
		F-1	F-2	J-2	J-1 Student	J-1 Non-student	Other
		F-1	F-2	J-2	J-1 Student	J-1 Non-student	Other
		F-1	F-2	J-2	J-1 Student	J-1 Non-student	Other
-	es of perjury, I certi anges, I must subn	•					rrect. I understand that
Signature					Date		