

Please contact the Payroll Office at [payroll.questions@emich.edu](mailto:payroll.questions@emich.edu) to schedule a 30 minute appointment to apply for exemption from taxes. Include 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. If you do not have a social security number you must provide the acknowledgement of application from the Social Security Administration.

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**

This exemption is applicable for compensation for calendar year \_\_\_\_\_. Application for exemption **MUST BE RENEWED** each calendar year. **PROOF OF EXEMPTION IS REQUIRED.**

_____	_____ - _____ - _____	_____
Name (please print)	Social Security Number	Student ID Number
_____	_____	_____
E-Mail	Phone	Date of Birth

**EXEMPTION REQUESTED FOR FOLLOWING REASON:**

Non-resident working in United States  
With the following visa: (check one below)

\_\_\_\_ F-1 Visa no. \_\_\_\_\_  
\_\_\_\_ J-1 Visa no. \_\_\_\_\_  
\_\_\_\_ M-1 Visa no. \_\_\_\_\_  
\_\_\_\_ Other \_\_\_\_\_

Resident of (Check country below)

____ Belgium	____ Spain
____ Canada	____ Sweden
____ China	____ Switzerland
____ France	____ United Kingdom
____ India	____ Germany
____ Norway	
____ Other _____	

(list country)

U.S. LOCAL ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

FOREIGN RESIDENCE ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
Province: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_

Country of Tax Residence if Different From Foreign Residence Address:

\_\_\_\_\_

Has tax residency ended?  Yes  No If Yes, when \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Date of Arrival at Eastern Michigan University \_\_\_\_\_

Date of very **first** entry into the United States (in your lifetime) \_\_\_\_\_

Original VISA type: F-1 F-2 J-2  
(circle one) J-1 student  
J-1 non-student  
Other \_\_\_\_\_

If you have more than one entry into  
United States, please complete the exit  
and entry dates on page 3 of this form.

Did you attend another U.S. university this calendar year? No \_\_\_\_\_ Yes \_\_\_\_\_ Date of change \_\_\_\_\_

Have you applied for Permanent Residency? No \_\_\_\_\_ Yes \_\_\_\_\_

Have you ever had an F-2 or J-2 VISA? No \_\_\_\_\_ Yes \_\_\_\_\_

Country where you lived before coming into the United States \_\_\_\_\_

**INCOME PROVIDING ACTIVITY:** (What is your occupation or generally describe the service you will perform)  
\_\_\_\_\_

**CURRENT IMMIGRATION STATUS:**

- U.S. Immigrant/Permanent Resident
- H-1B Temporary Visitor
- Other \_\_\_\_\_
- J-1 Exchange Visitor
- J-2 Dependent of Exchange Visitor
- F-1 Student
- OPT or  CPT

What is the Start Date of This Immigration Status (Issue date of visa)? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

**IF F-1 VISA STATUS, WHAT IS YOUR STUDENT TYPE? CHECK ONE:**

- Undergraduate
- Graduate Student
- Post Graduate
- Post Doctoral
- Medical Student
- Other \_\_\_\_\_

**IF J-1/J-2 VISA STATUS, WHAT IS THE SUBTYPE? CHECK ONE:**

- Student
- Short Term Scholar
- Professor
- Other \_\_\_\_\_
- Research Scholar

**IF J-1/J-2 VISA STATUS, WHAT IS THE PRIMARY PURPOSE? CHECK ONE:**

- 01 Studying in a degree program
- 03 Teaching
- 04 Lecturing
- Other \_\_\_\_\_
- 05 Observing
- 06 Consulting
- 07 Conducting Research
- 08 Training
- 11 Temporary Employee
- 12 Here with Spouse

What is the actual date you entered the United States for this primary purpose? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

What is the end date of your immigration status primary purpose? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

Complete this section only if you have more than one entry into the U.S. or more than one visa type (please list the oldest dates first):

Date of Entry	Date of Exit	VISA type (circle one for each entry)					
_____	_____	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_____

Under penalties of perjury, I certify that all of the information on this form is true and correct. I understand that if my status changes, I must submit a new application to the payroll office immediately.

Signature\_\_\_\_\_ Date\_\_\_\_\_