

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

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)

Resident of: (Check country below)

_____ F-1 Visa no. _____
 _____ J-1 Visa no. _____
 _____ M-1 Visa no. _____
 _____ Other _____
 (list visa type)

_____ Belgium	_____ Spain
_____ Canada	_____ Sweden
_____ China	_____ Switzerland
_____ France	_____ United Kingdom
_____ India	_____ Germany
_____ Norway	
_____ Other _____	
(list country)	

U.S. LOCAL ADDRESS:

FOREIGN RESIDENCE ADDRESS:

 City: _____
 State: _____ Zip: _____

 City: _____
 Province: _____ Zip: _____
 Country: _____

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

Country of Tax Residence if Different From Foreign Residence Address:

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 _____

Were you born in the United States? 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

Name: _____ Student ID Number: _____

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 beginning with your **first entry into the US in your lifetime** under any visa status:

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_____
_____	_____	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_____