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 **2022**.

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

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.

be used for employment) □ Yes, my number is:		use student ID (SID) if no
□ Yes, but I have not received the number yet. □ No, but I will apply immediately for a SSN (or ITI	A completed Affidavit of Com IN if Fellow only).	pliance is REQUIRED if you	have no SSN.
Information concerning application by a foreig	gn worker for a SSN is avail	able at http://www.ssa.gov/	/pubs/10107.html
Name (PRINT CLEARLY)		MIDDI ation date (N.A. for fellows) _	
Country of residence (prior to living in the U.S.)_		Citizen of	
Department	U.I.D		
Current USCIS class	ification and "GREEN CA	RD TEST": Please check or	ne:
a. <u>Permanent Resident (PR)</u> : Are you a lawful U.S your Passport or a USCIS* letter stating approval of IF YOU ANSWERED "YES" TO QUESTION (a), you Please attach copies of requested documents and	of your application? □ YES* rou are a Resident Alien for Ta	□ NO x Purposes. You do not need t	
Signature of Permanent Resident [^]		Date^	
Certification to be completed by the I certify that to the best of my knowled complete. I understand that if my status changes new Citizenship Status Form to the Pa	lge, all of the informations from that which I have byroll Department.	indicated on this form	, I must submit a
Signature	SSN or SID	UID	Date
THIS SECTION MUST BE CON PURPOSE FOR SUBMITTING THIS FORM. (CHECK ONE):	IPLETED BY THE I		PRESENTATIVE.
YEARLY RENEWAL	Department:		
Changing to valid SSN	Contact person (print i	name):	
New to the University	Phone number of cont	act person:	
Changing Immigration Status			
	Notes:		
Other:	Notes:		

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Date ↑