

SUBSTANTIAL PRESENCE WORKSHEET

DETERMINE RESIDENT OR NONRESIDENT ALIEN TAX STATUS

NAME: _____
(Last name, First name, MI)

SOCIAL SECURITY NUMBER: _____ EMPLID: _____

1. Are you a lawful, permanent resident of the United States? Yes/No
(e.g. Are you a "green card" holder?) Please circle one

Note: If yes, skip to the CERTIFICATION section at the bottom of the page

2. Current VISA status information:
Current Visa Status: _____ Initial Date of U.S. Entry: _____

Issuing Country: _____ Expiration Date: _____

Note: Your initial date of entry for this visa type and may have occurred in a prior year if this is not your first visit.

3. Counting "Exempt years"
Is this your first visit to the U.S.? Yes/No If yes, skip to #4.
Please circle one

If no, complete the following:

List all previous years in U.S. under F-1 or J-1 student visa statuses.

Year/Dates: _____ Year/Dates: _____

Year/Dates: _____ Year/Dates: _____

Year/Dates: _____ Year/Dates: _____

List all previous years in U.S. under J-1 non-student visa status (e.g. teacher, professor, trainee, alien physician, researcher, short-term scholar)

Year/Dates: _____ Year/Dates: _____

Year/Dates: _____ Year/Dates: _____

Year/Dates: _____ Year/Dates: _____

4. Substantial Presence Test:
Number of days of presence in the U.S. for the current and two previous years, do not count "exempt years". (Exempt year is defined as the first 5 years in the U.S. for F-1 or J-1 student visa holders, OR 2 years of the last 6 years for J-1 non-student visa holders.)

Project last date of presence in the U.S. for current year _____

Current Year _____ Number of days in U.S. _____ x1 = _____

1st previous year _____ Number of days in U.S. _____ x1/3= _____

2nd previous year _____ Number of days in U.S. _____ x1/6= _____

TOTAL days in U.S. _____

(If TOTAL days of presence are equal to or greater than 183, you pass the Substantial Presence test and will be treated a resident for tax purposes upon completion of form W-9)

CERTIFICATION:

I certify that information provided above is true and that I am subject to penalties for perjury if false. In addition, I agree to notify Payroll Services immediately if any of the information I provided on this form changes. If I fail to do so, Payroll Services is authorized to begin withholding taxes in accordance with IRS procedures.

Signature Date

Forward to Payroll Services at 1300 S. 2nd St., Suite 545, Minneapolis, MN 55454 with forms W-9 and W-9 Attachment.