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

use student ID (SID) if no

Date ↑

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 **2024**.

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

be used for employment)

Yes, my number is: ____

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.

□ Yes, but I have not received the number yet. <u>A</u> □ No, but I will apply immediately for a SSN (or ITIN	completed Affidavit of (Compliance is REQUI	RED if you have no S	<u>SSN</u> .
Information concerning application by a foreig	n worker for a SSN is a	available at <u>http://ww</u>	w.ssa.gov/pubs/1010	<u> </u>
Name (PRINT CLEARLY) LAST NAME/FAMILY I U.S. Visa Type or Immigration Status	NAME FIRS	ST voiration date (N.A. fo	MIDDLE	
Country of residence (prior to living in the U.S.)_		Citizen of		
Department	U.I.D		·	
Current USCIS classi	fication and "GREEN	CARD TEST": Pleas	se check one:	
a. Permanent Resident (PR): Are you a lawful U.S.	immigrant who has an Al	ien Registration Card (("Green Card") or an "I-	-551" stamp in
your Passport or a USCIS* letter stating approval of IF YOU ANSWERED "YES" TO QUESTION (a), you Please attach copies of requested documents and	ou are a Resident Alien for	r Tax Purposes. You d	o not need to answer o	other questions.
Signature of Permanent Resident [^]		Da	nte^	
I certify that to the best of my knowledge complete. I understand that if my status changes new Citizenship Status Form to the Pay	from that which I hay	ave indicated on t	this form, I must s	submit a
THIS SECTION MUST BE COMPURPOSE FOR SUBMITTING THIS FORM. (CHECK ONE):		E DEPARTME nt Information:	ENT REPRESE	NTATIVE.
YEARLY RENEWAL	Department:			
Changing to valid SSN	Contact person (pr	rint name):		
New to the University	Phone number of o	contact person:		
Changing Immigration Status	Notes:			
Other:				
I hereby certify that I have reviewed this CSF, the caccuracy.	copies of supporting docur	ments, and the require	d tax forms for complet	teness &

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