

**CITIZENSHIP STATUS FORM – UNIVERSITY OF MARYLAND Page 1**

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 **2021**.

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

**Have you ever applied for a Social Security Number (SSN) or Individual Taxpayers Identification Number (ITIN)? (ITINs can not be used for employment)**

Yes, my number is: \_\_\_\_\_ **use student ID (SID) if no**

Yes, but I have not received the number yet. **A completed Affidavit of Compliance is REQUIRED if you have no SSN.**

No, but I will apply immediately for a SSN (or ITIN if Fellow only).

Information concerning application by a foreign worker for a SSN is available at <http://www.ssa.gov/pubs/10107.html>

**Name (PRINT CLEARLY)** \_\_\_\_\_  
LAST NAME/FAMILY NAME FIRST MIDDLE

**U.S. Visa Type or Immigration Status** \_\_\_\_\_ **I-9 expiration date (N.A. for fellows)** \_\_\_\_\_

**Country of residence (prior to living in the U.S.)** \_\_\_\_\_ **Citizen of** \_\_\_\_\_

**Department** \_\_\_\_\_ **U.I.D** \_\_\_\_\_

**Current USCIS classification and “GREEN CARD TEST”:** Please check one:

a. **Permanent Resident (PR):** Are you a lawful U.S. immigrant who has an Alien Registration Card (“Green Card”) or an “I-551” stamp in your Passport or a USCIS\* letter stating approval of your application?  YES\*  NO  
**IF YOU ANSWERED “YES” TO QUESTION (a), you are a Resident Alien for Tax Purposes. You do not need to answer other questions. Please attach copies of requested documents and sign and date this form on the line below.**

**Signature of Permanent Resident^** \_\_\_\_\_

**Date^** \_\_\_\_\_

**Certification to be completed by the individual:**

**I certify that to the best of my knowledge, all of the information I have provided is true, correct, and complete.**

**I understand that if my status changes from that which I have indicated on this form, I must submit a new Citizenship Status Form to the Payroll Department.**

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**Signature** **SSN or SID** **UID** **Date**

**THIS SECTION MUST BE COMPLETED BY THE DEPARTMENT REPRESENTATIVE.**

PURPOSE FOR SUBMITTING THIS FORM.

(CHECK ONE):

Department Information:

YEARLY RENEWAL	Department:
Changing to valid SSN	Contact person (print name):
New to the University	Phone number of contact person:
Changing Immigration Status	Notes:
Other:	

I hereby certify that I have reviewed this CSF, the copies of supporting documents, and the required tax forms for completeness & accuracy.

**Signature** ↑

**Date** ↑