

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 **2026**.

- 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** _____

PLEASE CHECK A VISA/IMMIGRATION STATUS BELOW

Permanent Resident Applicant (PP): Have you applied for Permanent Resident status and have a receipt from the USCIS* for adjustment of status to PR or have a current Employment Authorization Card (EAC) with Category (c) (9)?

YES NO

Are you currently present in the U.S. under Deferred Action (DA)? YES NO

Are you currently present in the U.S. under Asylum Status (AS)? YES NO

Are you currently in the U.S. under Refugee Status (RF)? YES NO

Are you currently in the U.S. under Temporary Protected Status (TP)? YES NO

Other USCIS classification:

Arrival date in U.S.? _____

Visa Detail History

Calendar Year (CY) = January 1 to December 31.

LIST ALL PERIODS OF STAY IN THE U.S. SINCE 01/01/1986 (attach additional paper if needed)

| | NUMBER OF DAYS PRESENT IN THE U.S. DURING THE YEAR | PERIODS PHYSICALLY PRESENT IN THE U.S. (example: 01/01/01-12/31/01) | VISA TYPE or other status |
|-----------------------------|---|--|---------------------------------|
| CURRENT CY 2026 | | | |
| PREVIOUS CY 2025 | | | |
| 2 YEARS AGO 2024 | | | |
| 3 YEARS AGO 2023 | | | |
| 4 YEARS AGO 2022 | | | |
| 5 YEARS AGO 2021 | | | |

DETERMINATION OF RESIDENCY STATUS FOR TAX WITHHOLDING:

| | | | | |
|--|--|---------------------------|--|---------------------------------|
| <p>SUBSTANTIAL PRESENCE TEST (SPT) If "TOTAL" is less than 183, you are NRA for tax purposes. If "TOTAL" is more than or equal to 183, <u>and</u> you have been in the US 31 days in this CY, you a Resident Alien for Tax Purposes.</p> | CALCULATE THE NUMBER OF DAYS PHYSICALLY PRESENT IN THE U.S. DURING THE YEARS LISTED. | | | |
| | | List calendar year | Number of days physically Present in the U.S. | Computation for the Test |
| | Current year | _____ | _____ x 1 = _____ | |
| | Last year | _____ | _____ x 1/3 = _____ | |
| | 2 years ago | _____ | _____ x 1/6 = _____ | |
| | | TOTAL | | |

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:

| | |
|--|---------------------------------|
| <input type="checkbox"/> YEARLY RENEWAL | Department: |
| <input type="checkbox"/> Changing to valid SSN | Contact person (print name): |
| <input type="checkbox"/> New to the University | Phone number of contact person: |
| <input type="checkbox"/> Changing Immigration Status | Notes: |
| <input type="checkbox"/> 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** ↑ _____