



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

Office of Institutional Compliance

CONSOLIDATED INTERNATIONAL VISITOR QUESTIONNAIRE

(FY 2020)

Complete ONSCREEN & Submit ELECTRONICALLY
NO HANDWRITTEN REQUESTS WILL BE PROCESSED.
THANK YOU FOR YOUR COOPERATION!

TTUHSC Institutional Compliance
Immigration Compliance & Services
3601 4th Street, STOP 8165
Lubbock, TX 79430
Ph: (806) 743-3949
Email: ICS@ttuhsc.edu

CONSOLIDATED INTERNATIONAL VISITOR QUESTIONNAIRE

First Name:	
Middle Name:	
Last Name:	
Gender:	
Full Address Outside of the USA:	
Full Address Inside of the USA (if any):	
Phone Number(s):	
Email Address:	
Dates You Will Visit TTUHSC:	_____ to _____
US issued EIN, SSN, or ITIN (if not, write "NONE")	
Are you a US Citizen or Permanent Resident?	<div><div>___</div>NO</div> <div><div>___</div>YES, if YES, please STOP</div>
Foreign Business Tax Identification Number (Foreign Business Only)	
Country of Citizenship (list all countries where you hold citizenship)	
Country of Birth:	
Country of Last Tax Residence?	
Current visa status in USA or visa status you expect to have when you arrive in the USA	
Purpose of visit to TTUHSC?	
TTUHSC Department you will visit?	

Type of payment you expect to receive from TTUHSC:	<div><div><input type="checkbox"/></div><div>NONE, no payment Expected</div></div> <div><div><input type="checkbox"/></div><div>Clinical or Research Participant</div></div> <div><div><input type="checkbox"/></div><div>Consultant Fee</div></div> <div><div><input type="checkbox"/></div><div>Copyright Royalty</div></div> <div><div><input type="checkbox"/></div><div>Industrial Royalty</div></div> <div><div><input type="checkbox"/></div><div>Honorarium</div><div>Amount, if known: \$ <input type="text"/></div></div> <div><div><input type="checkbox"/></div><div>Travel Costs Reimbursement</div></div> <div><div><input type="checkbox"/></div><div>Speaker Fee</div></div> <div><div><input type="checkbox"/></div><div>Travel Award</div></div> <div><div><input type="checkbox"/></div><div>Living Expenses or Maintenance Payment</div></div> <div><div><input type="checkbox"/></div><div>Performance Fee</div></div> <div><div><input type="checkbox"/></div><div>Prize or Award</div></div> <div><div><input type="checkbox"/></div><div>Other Payment: Explain: <input type="text"/></div></div> <div><div><input type="text"/></div></div>
TTUHSC Host/Department Contact Name:	
TTUHSC Department Contact Email Address:	<input type="text"/> @ttuhsc.edu
Medical Students: Please provide the name of your medical school and year of study?	
Visitors in F-1 or J-1 status, please provide the date you first entered the USA:	
<div><div><div>All Visitors:</div><div>Length of all Visits to USA in the LAST five (5) years (total # or DAYS in each year)</div></div></div>	<div><div><div>Current Year</div><div><input type="text"/></div><div>Visa Status</div><div><input type="text"/></div><div>Initial Entry Date</div><div><input type="text"/></div></div><div><div>Prior Year #1</div><div><input type="text"/></div><div>Visa Status</div><div><input type="text"/></div></div><div><div>Prior Year #1</div><div><input type="text"/></div><div>Visa Status</div><div><input type="text"/></div></div><div><div>Prior Year #1</div><div><input type="text"/></div><div>Visa Status</div><div><input type="text"/></div></div><div><div>Prior Year #1</div><div><input type="text"/></div><div>Visa Status</div><div><input type="text"/></div></div><div><div>Prior Year #1</div><div><input type="text"/></div><div>Visa Status</div><div><input type="text"/></div></div></div>
<div><div>Visitors who will receive an HONORARIUM payment</div><div>Have you, or will you have, received an HONORARIUM payment from any US institution or entity within the six (6) months prior to your visit to TTUHSC?</div></div>	<div><div><input type="checkbox"/></div><div>YES, I received <input type="text"/> (# of payments) honorarium payments</div></div> <div><div><input type="checkbox"/></div><div>NO, I have received no honorarium payments</div></div>

How many US institutions provide (or will provide) and HONORARIUM payment within the six (6) months?	<div><input type="checkbox"/> YES, <input type="checkbox"/> Institutions or entities provided an honorarium payment</div> <div><input type="checkbox"/> NO, I have received no honorarium payments</div>
TTUHSC has my permission to retrieve my I-94 from the online CBP website.	<div><input type="checkbox"/> YES</div> <div><input type="checkbox"/> NO, I will provide the I-94 myself</div>
If I receive a payment from TTUHSC that requires the institution to provide me with tax document, Form 1042-S, I agree to accept the Form 1042-S electronically and be notified via email:	<div><input type="checkbox"/> YES</div> <div><input type="checkbox"/> NO</div>

Visitors/Vendor Signature

Date

PLEASE READ THE IMPORTANT INFORMATION ON THE FOLLOWING PAGE AND FOLLOW THE INSTRUCTIONS FOR RETURNING THIS QUESTIONNAIRE TO TTUHSC



INDEPENDENT CONTRACTOR QUESTIONNAIRE

Name of Business or Individual: _____

If Business, Name of Owner(s): _____

SSN/ITIN or R# of Individual/Business Owner: _____

Date(s) of Service: _____

Total Contract Amount: _____

**Travel expenditures authorized by the dept. must have original travel receipts and be submitted within 60 days of travel for nontaxable reimbursement.*

	YES	NO
Are you a U.S. Citizen or Permanent Resident Alien?		
Are you a current employee or have been a Texas Tech University System, Texas Tech University, Health Sciences Center, or Health Sciences Center El Paso (“TTUS”) employee during the past twelve (12) months? If you answered “YES” the Tax Office will contact the department for further information. The service may require payment through Payroll & Tax Services.		
Do you plan to become a TTUS employee within the next 12 months?		
Do you receive restriction, supervision, control from TTUS other than conveyance of the scope of services desired? (e.g., Does TTUS impose restrictions on what supplies to purchase, what tools to use, what order to follow, or control over the processes of service?)		
Are you being trained by TTUS to perform the job/services for which you are receiving compensation? (e.g., does TTUS train you, provide instruction manual, determine processes, or provide explicit instruction?)		
Are you required to perform the services personally? (e.g., cannot delegate the job to others)		
Does TTUS hire, supervise, and pay assistants to help you with services provided?		
Are the services being provided to TTUS on a continuing (frequent or long-term) basis?		
Do you have the ability to negotiate a mutually agreed work time and/or date (work schedule)?		
Have you provided similar services to other unrelated entities OR to the public as a trade or business?		

Will compensation be paid on an hourly, weekly, monthly, or other regular basis?		
Does TTUS provide the tools, materials, and supplies necessary to complete the work?		
Can TTUS discharge you for reasons other than non-performance of the contract?		
Could you face potential financial loss or liability if contract terms are not met?		

I HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT I AM RESPONSIBLE DOR THE PAYMENT DIRECTLY TO THE INTERNAL REVENUE SERVICE FOR ANY TAXES THAT MAY BE APPLICABLE TO THIS INDEPENDENT CONTRACTOR PAYMENT.

SIGNATURE OF BUSINESS OWNER/INDIVIDUAL

DATE

FINANCIAL MANAGER/CONTRACT ADMINISTRATOR SIGNATURE

DATE

IF APPROVED, THIS PAYMENT DOES NOT CONSTITUTE AN EMPLOYER-EMPLOYEE RELATIONSHIP.

PAYROLL & TAX SERVICES

DATE

IMPORTANT INFORMATION – PLEASE READ

- ❖ **All Visitors Receiving Travel Reimbursement** – Receipts are required so please remember to keep all receipts related to your travel.
- ❖ **Canadian Citizens** – Visitors entering as Canadian citizens (without a visa or visa status), must provide the following document(s)
 - Passport Biographical data page
- ❖ **Visitors with Visas or Visa Status (except Canadians)** – Visitors entering with a visa or visa status must provide the following documents
 - Passport biographical data page
 - Last visa stamp (if applicable)
 - I-94, if already in the USA. If not in the USA yet, please provide I-94 upon arrival at TTUHSC. I-94 is an electronic admission document available at <https://i94.cbp.dhs.gov/i94/#/home>
- ❖ **Visa Waiver Program (ESTA) Entrants** – Visitors entering using the Visa Waiver Program must provide the following document(s)
 - Passport biographical data page
 - ESTA approval notice
 - Copy of passport page with “WB” or “WT” stamp (given by CBP on admission)
- ❖ **J-1 Exchange Visitors** – J-1 exchange visitors must have preapproval from their sponsor (ARO or RO) prior to coming to TTUHSC. No payments of any kind can be issued without written approval from the J-1 sponsor. Please forward the approval letter directly to ICS at ICS@ttuhsc.edu. We can be reached by telephone at 806-743-2865

PLEASE SUBMIT THE COMPLETED FVQ TO INSTITUTIONAL COMPLIANCE SERVICES BY CLICKING THE BUTTON BELOW:

Thank You!
We look forward to your visit!!