NEVADA SYSTEM OF HIGHER EDUCATION (NSHE)
COLLEGE OF SOUTHERN NEVADA
Non-Citizen Employee Notification Form

All individuals who are not citizens of the United States are required to meet with the CSN Nonresident Alien Tax Specialist in order to complete the Alien Information Collection Form and W-4 Form, discuss your applicable tax withholding status, and complete any additional forms as required. If you are a new employee, you must schedule an appointment to meet with the Nonresident Alien Tax (NRAT) Specialist. The W-4 Form must be completed at this meeting and initialed by the NRAT Specialist.

If you do not meet with the Nonresident Alien Tax Specialist within 5 days of beginning your employment with the NSHE, the maximum rate of U.S. federal income tax will be withheld from your payments. Any tax withheld because you did not meet with the NRAT Specialist prior to payment cannot be refunded by the NSHE.

The CSN Nonresident Alien Tax Specialist is Margaret Konie, Senior Specialist. She is located at the CSN Cheyenne Campus, Financial Services Building. Please call (702) 651-4467 to schedule an appointment.

You must bring this form and the following documents (based on your immigration status) with you to your meeting with the Nonresident Alien Tax Specialist:

Non-Resident Aliens:
1. Alien Information Collection Form given to you by your department. If you did not receive one, one will be provided at the meeting.
2. Passport (which includes the visa stamp and Form I-94)
3. Form IAP-66 (a pink form) if you are a J-1 visa holder, Form I-20 (a white form) if you are an F-1 visa holder, or Form I-797 if you are an H-1B visa holder.
4. Social Security Card
5. Nevada driver’s license or identification card.

Resident Aliens and Permanent Residents:
1. Alien Information Collection Form given to you by your department. If you did not receive one, one will be provided at the meeting.
2. Resident Alien or Permanent Resident Card
3. Social Security Card
4. Nevada driver’s license or identification card

______________________________  ______________________________  ____________
Employee Name (Print)         Employee Signature  Date

______________________________  ______________________________  ____________
CSN Hiring Authority (Print)   CSN Hiring Authority Signature  Date

______________________________  ____________
CSN NRAT Specialist Signature  Date

Revised October 9, 2009