Student Assistant FICA Exemption Questionnaire

Student Name ________________________________ SSN ______________

Please answer the following questions for the next academic term until instructed to “Stop”. Turn in form to your supervisor.

1. Academic Term:  Fall ______  Spring ______  Summer ______

   If Summer option selected, please indicate which session(s) you will be attending (check all that apply):

   _____Both       _____Neither       _____Summer I       _____Summer II

   _____Cross Term (indicate dates) _________ to _____________

2. Will you be a non-resident alien attending the University of Hawaii on an F-1, J-1, M-1, or Q-1 visa performing services in accordance with the primary purpose of the visa’s issuance?

   YES ______ [Stop] (FICA = "N")       NO _________ [Continue]

3. Will you be a classified student in a University of Hawaii degree or officially recognized certificate granting program?

   YES ______ [Continue]       NO _________ [Stop] (FICA = "K")

4. Will you be enrolled for at least a half time course load?

   YES ______ [Stop] (FICA = "N")       NO _________ [Continue]

5. If not, are you graduating?

   YES ______ [Stop] (FICA = "N")       NO _________ [Stop] (FICA = "K")

I certify the above answers are correct and that I will notify my supervisor immediately if my status should change in any way.

____________________________________________________
Student’s Signature                                    Date

Revised 4/20/01