

Last or Family Name: _____ First: _____ Middle Initial: _____
 ITIN or Social Security #: _____ Visa #: _____ Passport #: _____

Date of Birth: (mm/dd/yyyy) ____ / ____ / ____ Telephone #: _____ e-mail Address: _____

Were you a U.S. citizen or resident alien the entire year? Yes No Were you ever a U.S. citizen? Yes No

U.S. Local Street Address: _____
 City: _____ State: _____ Zip Code: _____

Foreign Residence Address: _____
 Address Line 2: _____

Foreign Country: _____ Province/County: _____ Postal Code: _____

Country of Citizenship: _____ Country that issued Passport: _____

Are you married? Yes No If "YES", is your spouse in the U.S.? Yes No
 If "YES", is it recognized by the State where you will be filing? Yes No

Are you a: U.S. National Resident of Canada Resident of Mexico Resident of South Korea Resident of India
 Yes No Yes No Yes No Yes No Yes No

Dependent Information

First Name	Last or Family Name	Date of Birth (mm/dd/yyyy)	ITIN or SSN	Relationship to you (son, daughter, none, etc.)	Number of months lived with you in the U.S.	U.S. citizen, U.S. resident alien, U.S. national, or a resident of Canada, Mexico, or South Korea	Did person file joint return?	Did person provide more than 50% of their own support?	Did you provide more than 50% of their support?	Did the person have Gross Income of \$4,050 or more?

What is the date you FIRST entered the United States? ____ / ____ / ____

Entry Immigration Status - Check one:

U.S. Immigrant/Permanent Resident F-1 Student F-2 Spouse or child of Student
 H-1 Temporary Employee *J-1 Exchange Visitor J-2 Spouse or child of Exchange Visitor
 Other: (List) _____

Current Immigration Status - Check one:

U.S. Immigrant/Permanent Resident F-1 Student F-2 Spouse or child of Student
 H-1 Temporary Employee *J-1 Exchange Visitor J-2 Spouse or child of Exchange Visitor
 Other: (List) _____

Have you ever changed your visa type or U.S. immigration status? Yes No

If "Yes", indicate the date and nature of the change. ____ / ____ / ____

Enter the type of U.S. visa you held during these years:

2010 _____ 2011 _____ 2012 _____ 2013 _____ 2014 _____ 2015 _____

*** If Immigration status is J-1, what is the subtype? Check one:**

01 Student 05 Professor 12 Research Scholar
 02 Short Term Scholar Other: (List) _____

What is the actual primary activity of the visit? Check one:

01 Studying in a Degree Program 04 Lecturing 07 Conducting Research 10 Clinical Activities
 02 Studying in a Non-Degree Program 05 Observing 08 Training 11 Temporary Employment
 03 Teaching 06 Consulting 09 Demonstrating Special Skills 12 Here with Spouse

Check the years you were present in the United States as a teacher, trainee, or student for any part of the year.

2010 2011 2012 2013 2014 2015

Were you present in the U.S. on a teacher, trainee or student visa for any part of more than any 5 calendar years? Yes No

How many days (including vacations, nonworkdays and partial days) were you present in the U.S. during:

2014 _____ 2015 _____ 2016 _____

List the dates you entered and left the United States during 2016:

Date entered United States mm/dd/yyyy	Date departed United States mm/dd/yyyy	Date entered United States mm/dd/yyyy	Date departed United States mm/dd/yyyy

Did you file a U.S. income tax return for any year before 2016? Yes No

If "Yes", give latest year ___ / ___ / ____ Form number filed

During 2016, did you apply to be a green card holder (lawful permanent resident) of the United States? Yes No

Do you have an application pending to change your status to lawful permanent resident? Yes No

1. Are you claiming the benefits of a U.S. income tax treaty with a foreign country? Yes No

If "Yes", enter the appropriate information in the columns below:

(a) Country	(b) Tax Treaty Article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No

Information about academic institution you attended in 2016

Name: _____ Telephone Number: _____

Address: _____

Name of the director of your academic or specialized program: _____

Address: _____

Telephone Number: _____

During 2016 did you receive:

Did you have:

Scholarships or Fellowship Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Casualty or Theft Losses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wages, Salaries or Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Loan Interest Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interest or Dividend Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	State or Local Income Taxes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distributions from IRA, Pension or Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Charitable Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Moving Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capital gains or losses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child/Dependent Care Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Other Income (gambling, lottery, prizes, awards, rents, royalties, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did you or any dependent have health insurance coverage through **HealthCare.gov** (The Marketplace)? Yes No

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory.

Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-2075. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.