

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? Were you ever a U.S. citizen?

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? If "YES", is your spouse in the U.S.? If "YES", is it recognized by the State where you will be filing?

Are you a U.S. National Resident of Canada Resident of Mexico Resident of South Korea Resident of India

**Dependent Information**

Table with 11 columns: First Name, Last or Family Name, Date of Birth, ITIN or SSN, Relationship to you, Number of months lived in U.S., U.S. citizen/resident status, 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 \$4,400 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?

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

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

2016 2017 2018 2019 2020 2021

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

- 01 Student, 02 Short Term Scholar, 05 Professor, 06 Consulting, 12 Research Scholar, Other (list)

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

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

Check the years you were present in the United States as a teacher, trainee, student or as an accompanying spouse or dependent of a person in such status for any part of the year.  2016  2017  2018  2019  2020  2021

Have you ever been present in the U.S. PRIOR to 2016 on a teacher, trainee, student visa, or as their accompanying spouse or dependent?  Yes  No If so, what years and visa type \_\_\_\_\_

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

2020 \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 \_\_\_\_\_

List the dates you entered and left the United States during 2022

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 2022?  Yes  No

If "Yes", give latest year \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Form number filed \_\_\_\_\_

During 2022, 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 2022**

Name	Telephone number
Address	
Name of your academic/specialized program director	Telephone number
Address	

**During 2022 did you receive**

**Did you have**

Scholarships or Fellowship Grants <input type="checkbox"/> Yes <input type="checkbox"/> No	Casualty Losses in a Declared Disaster Area <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 <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
State or Local Tax Refunds <input type="checkbox"/> Yes <input type="checkbox"/> No	Child/Dependent Care Expenses <input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No	IRA Contributions <input type="checkbox"/> Yes <input type="checkbox"/> No
Dividend income or capital gains or losses <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Other Income ( <i>gambling, lottery, prizes, awards, self-employment, rents, royalties, virtual currency, etc.</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you or any dependent have health insurance coverage through <b>HealthCare.gov</b> (The Marketplace)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, was any Advanced Premium Tax Credit received? ( <i>Provide Form 1095-A</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> 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.