

**Nonresident Alien Intake and Interview Sheet****OMB Number**  
1545-2075

Last or Family Name:		First:		Middle Initial:
ITIN or Social Security #:		Visa #:		Passport #:
Date of Birth: ____/____/____ <small>(mm/dd/yyyy)</small>		Telephone #:		e-mail Address:
Were you a U.S. citizen or resident alien the entire year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you ever a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", is your spouse in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "YES", is it recognized by the State where you will be filing? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Are you a:</b>				
U.S. National		Resident of Canada	Resident of Mexico	Resident of South Korea
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Resident of India
				<input type="checkbox"/> Yes <input type="checkbox"/> 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 child provide more than 50% of their own support?	Did you provide more than 50% of their support?	Did the person have Gross Income of \$4,000 or more?

What is the date you **FIRST** entered the United States? \_\_\_\_/\_\_\_\_/\_\_\_\_**Entry Immigration Status - Check one:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> U.S. Immigrant/Permanent Resident | <input type="checkbox"/> F-1 Student           | <input type="checkbox"/> F-2 Spouse or child of Student          |
| <input type="checkbox"/> H-1 Temporary Employee            | <input type="checkbox"/> *J-1 Exchange Visitor | <input type="checkbox"/> J-2 Spouse or child of Exchange Visitor |
| Other: (List)  |  |  |

**Current Immigration Status - Check one:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> U.S. Immigrant/Permanent Resident | <input type="checkbox"/> F-1 Student           | <input type="checkbox"/> F-2 Spouse or child of Student          |
| <input type="checkbox"/> H-1 Temporary Employee            | <input type="checkbox"/> *J-1 Exchange Visitor | <input type="checkbox"/> 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:

2009 \_\_\_\_\_ 2010 \_\_\_\_\_ 2011 \_\_\_\_\_ 2012 \_\_\_\_\_ 2013 \_\_\_\_\_ 2014 \_\_\_\_\_

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

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> 01 Student            | <input type="checkbox"/> 05 Professor | <input type="checkbox"/> 12 Research Scholar |
| <input type="checkbox"/> 02 Short Term Scholar | Other: (List)                         |  |

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

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> 01 Studying in a Degree Program     | <input type="checkbox"/> 04 Lecturing  | <input type="checkbox"/> 07 Conducting Research          | <input type="checkbox"/> 10 Clinical Activities  |
| <input type="checkbox"/> 02 Studying in a Non-Degree Program | <input type="checkbox"/> 05 Observing  | <input type="checkbox"/> 08 Training                     | <input type="checkbox"/> 11 Temporary Employment |
| <input type="checkbox"/> 03 Teaching                         | <input type="checkbox"/> 06 Consulting | <input type="checkbox"/> 09 Demonstrating Special Skills | <input type="checkbox"/> 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.

☐ 2009 ☐ 2010 ☐ 2011 ☐ 2012 ☐ 2013 ☐ 2014

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:

2013 \_\_\_\_\_ 2014 \_\_\_\_\_ 2015 \_\_\_\_\_

List the dates you entered and left the United States during 2015:

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 2015? ☐ Yes ☐ No

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

During 2015, 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 2015

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of the director of your academic or specialized program: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### During 2015 did you receive:

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

#### 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.