

Non-Resident/Alien Tax Questionnaire

DATE _____

Please complete each field to the best of your ability, before submitting back to your tax preparer:

| | | | |
|--------------|--|-------------------------------|-------------------------------|
| Last Name | | First Name | |
| Phone Number | | <input type="checkbox"/> Cell | <input type="checkbox"/> Home |

| | | | |
|---|--|------------------------------------|--|
| How many years have you lived in the United States? | | Date you entered the United States | |
| What country issued your passport? | | Passport Number | |

| | | |
|--------------------------------|-----------|--------------|
| Number of Days Present in U.S. | Last Year | Current Year |
|--------------------------------|-----------|--------------|

| | | |
|--|------------------------------|-----------------------------|
| Have you ever applied for a green card? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever changed your visa type or immigration status? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you file a U.S. tax return last tax season? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were you present in the U.S. for any part of more than 5 calendar years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| What is your current U.S. immigration status? | | |

| Please list all of the dates you entered and left the U.S. in the past year | | |
|---|--------------|---------------|
| Country Visited | Date Arrived | Date Departed |
| | | |
| | | |
| | | |

| | | |
|---|--|-----------------------|
| Name of the academic institution you attended | | Phone Number |
| Address | | |
| Name of the Director of academic program | | Director Phone Number |
| Director Address | | |

| | | |
|---|------------------------------|-----------------------------|
| Is your spouse filing a tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If your spouse also a non-resident alien? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your spouse applied for a green card? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your spouse required to have a social security number? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did your spouse earn income in the U.S. this past year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |