

TAX ORGANIZER FOR INTERNATIONAL VISITORS TO THE UNITED STATES

For calendar year (tax year): _____

We'll try to keep this simple . . .

But there is quite a bit of information we need to know. This tax organizer has been designed to help you collect the information we need to prepare your Federal and state individual income tax returns. Please print this document and complete all relevant sections, indicating the appropriate amounts in the designated areas. If you have questions, please e-mail us at help@thetaxguy.com. We will respond the same day.

When you have completed this organizer . . .

1. Make a copy for your files.
2. Mail the original to us at the above address.
3. Additional items you must include:
 - ◆ One copy of every **Form 1042-S, W-2 and 1099** you have received for the year.
 - ◆ Copies of **mutual funds and brokerage statements**.
 - ◆ Copies of all **K-1 schedules** from partnerships, estates, trusts or S corporations.
 - ◆ A copy of your **prior year U.S. tax returns**, if you would like us to review them for tax savings opportunities.
 - ◆ Any other information, notice or receipt of an unusual nature relating to your tax return.
4. We will email you to acknowledge receipt of your information, confirm your residency status, and quote you our fee. You must respond to our email to authorize us to proceed with your return. Your credit card will not be charged until after you have received your completed laser printed tax return and are satisfied with our service.

We appreciate your thorough completion of this organizer. It will help us to prevent omissions and to ensure that you report the lowest tax possible.

Thank You

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Please check all items that apply to you:

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* Must be completed.

General Information

Your first name and middle initial:

Your spouse's first name and middle initial:

Your last name:

Your spouse's last name:

Your address in the United States:

Your address in your home country:

The address you would like your refund mailed to if different from above United States address:

If married, during what period did you and your spouse live together in the United States during the year?

From: _____ To: _____

Date of birth:
 Occupation in the United States:
 Home e-mail address:
 Business e-mail address:
 Home phone number:
 Business phone number:
 Social security number or individual taxpayer identification number (ITIN):

Taxpayer	Spouse
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Note: If you do not have an individual taxpayer identification number the IRS will not accept your return. Please visit www.thetaxguy.com for information on applying for an ITIN.)

Can your parent (or some other U.S. taxpayer) claim you as a dependent? Yes No Yes No

Were you blind on the last day of the tax year? Yes No Yes No

If you want your refund directly deposited to your bank account please provide your account information:

Routing number: _____ Account number: _____

Name of bank: _____ Type of account: Checking Savings

On the last day of the tax year your marital status was: married single surviving spouse

If your spouse has passed away, please provide date of spouse's death: _____

Type of credit card: Visa MC Am Ex. Your credit card number: _____ Expires: _____ month: _____ year: _____

The 3 digit number following your credit card number on the back of the card:



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Residency & Treaty Information

The following information is important to determine your residency status and treaty benefits. If you are a nonresident alien at the end of the year, you cannot file a joint return with your spouse if your spouse is also a nonresident alien at the end of the year. If you were a permanent resident for the entire year, complete only the first two lines below.

	Taxpayer	Spouse
Were you a permanent resident ("green card" holder) or citizen of the United States during the tax year?	___Yes ___No	___Yes ___No
If so, when did you become a permanent resident or citizen?	_____	_____
What is your current type of U.S. visa (during the tax year) and visa number (Control Number)?	_____	_____
On what date did you acquire your current visa?	_____	_____
What type was your entry visa? Visa number?	_____/_____	_____/_____
What was the date you first entered the United States?	_____	_____
If you have held visas other than those listed above, please list all changes and dates of change		
What country issued your passport?	_____	_____
What is your passport number?	_____	_____
Of what country were you a citizen during the tax year?	_____	_____
Of what country were you a resident immediately before coming to the United States?	_____	_____
Did you give up your permanent residence as an immigrant to the United States?	___Yes ___No	___Yes ___No
Were you ever a U.S. citizen in prior years?	___Yes ___No	___Yes ___No
During the year, did you apply for lawful permanent resident status in the United States or have an application pending to change your status to that of a lawful permanent resident of the United States?	___Yes ___No	___Yes ___No
What is the primary purpose of your visit to the United States? (Note: If you are a J-1 visa holder, please refer to Question 4 on your Form DS-2019 or Form IAP-66.)	_____	_____

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Residency & Treaty Information

	Taxpayer	Spouse
Enter the actual number of days you were present in the United States during the tax year and the 2 years preceding the tax year: <ul style="list-style-type: none"> 2007 (or tax yr. _____) 2006 (or 1st preceding yr. _____) 2005 (or 2nd preceding yr. _____) 	_____ _____ _____	_____ _____ _____
On what dates did you entered and leave the United States during the year?		
If you are a resident of Canada, Mexico, Japan or the Republic of Korea, or a U.S. national, did you contribute to the support of your child? <ul style="list-style-type: none"> What percentage of support did you contribute? 	___ Yes ___ No _____ %	___ Yes ___ No _____ %
If you were a resident of Japan or the Republic of Korea for any part of the tax year, and you wish to claim an exemption for your spouse or children, enter your total foreign source income not connected with a U.S. business.	\$ _____	\$ _____
To which IRS office, if any, did you make tax payments for the current tax year?	_____	_____
Did you file a U.S. income tax return for any year before the current tax year? <ul style="list-style-type: none"> If yes, give the latest year and form number 	___ Yes ___ No _____	___ Yes ___ No _____
Has a foreign employer paid all of your compensation for the ax year and each of the prior 6 years you were present in the United States as a teacher or trainee?	___ Yes ___ No	___ Yes ___ No
Did you ever make an election to be treated as a resident of the U.S.?	___ Yes ___ No	___ Yes ___ No
If you ever made the above election, you and your spouse would have been required to sign a separate election statement attached to your joint U.S. income tax return. Please mail us a copy of this return and statement.		

Notes and Comments:

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Teachers, Trainees & Students

	Taxpayer	Spouse
For Teachers and Trainees on J or Q Visas:		
Enter the name, address and phone number of the academic or research institution you attended during the tax year.		
Enter the name, address and telephone number of the director of the academic or other specialized program you participated in during the tax year.		
Enter the type of U.S. visa you held during six years prior to the tax year.	2006 (or 1 st prior yr.) _____ 2005 (or 2 nd prior yr.) _____ 2004 (or 3 rd prior yr.) _____ 2003 (or 4 th prior yr.) _____ 2002 (or 5 th prior yr.) _____ 2001 (or 4 th prior yr.) _____	2006 (or 1 st prior yr.) _____ 2005 (or 2 nd prior yr.) _____ 2004 (or 3 rd prior yr.) _____ 2003 (or 4 th prior yr.) _____ 2002 (or 5 th prior yr.) _____ 2001 (or 4 th prior yr.) _____
Were you present in the United States as a teacher, trainee or student for any part of 2 of the prior 6 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For Students on F, J, M, or Q Visas:		
Enter the name, address and phone number of the academic institution you attended during the tax year.		
Enter the name, address and telephone number of the director of the academic or other specialized program you participated in during the tax year.		
Enter the type of U.S. visa you held during six years prior to the tax year.	2006 (or 1 st prior yr.) _____ 2005 (or 2 nd prior yr.) _____ 2004 (or 3 rd prior yr.) _____ 2003 (or 4 th prior yr.) _____ 2002 (or 5 th prior yr.) _____ 2001 (or 4 th prior yr.) _____	2006 (or 1 st prior yr.) _____ 2005 (or 2 nd prior yr.) _____ 2004 (or 3 rd prior yr.) _____ 2003 (or 4 th prior yr.) _____ 2002 (or 5 th prior yr.) _____ 2001 (or 4 th prior yr.) _____
Were you present in the United States as a teacher, trainee or student for any part of more than 5 calendar years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Your Dependents

If you are a resident of Canada, Mexico, Japan, South Korea, or a U.S. national, or a student or business apprentice from India, you might be eligible to claim exemption amounts for your dependents. If you are within this group, please answer the following questions for all individuals for whom you provided over one-half the annual support during the tax year.

Over 1/2 support provided by the taxpayer:

First & last name	Date of birth	Social Security Number or ITIN	Relationship to you	Months living in your home	Type of visa held	Total income earned	A student for part of at least 5 months?
							__Yes __No
							__Yes __No
							__Yes __No
							__Yes __No

Over 1/2 support provided by the spouse of the taxpayer:

First & last name	Date of birth	Social Security Number or ITIN	Relationship to you	Months living in your home	Type of visa held	Total income earned	A student for part of at least 5 months?
							__Yes __No
							__Yes __No
							__Yes __No
							__Yes __No

If you are a resident of Canada, Mexico, or a U.S. national, list the above dependents who are citizens or nationals of the United States, or residents of the United States, Canada or Mexico.	_____ _____ _____ _____
If you are a student or business apprentice and a resident of India, list the above dependents who are citizens or residents of the United States (not here on F-2 or J-2 visas).	_____ _____ _____ _____
If you are a resident of Japan, list the above dependents who lived with you in the United States at some time during the year.	_____ _____ _____ _____

Income

A Form 1042-S should be issued to a nonresident alien who has treaty exempt wages, or scholarship or fellowship income. If you or your spouse received a Form 1042-S from an employer or your school, please copy the form and mail it to us with this organizer. In addition, please recap all scholarship and fellowship grants received below.

RECAP OF SCHOLARSHIP & FELLOWSHIP GRANTS

If you received scholarship or fellowship grants reported on Form 1042-S (income code 15), use this table to indicate how the amounts were spent.

Indicate taxpayer or spouse	Name of grantor	Amount of grant	Amount paid for teaching, research or other services	Amount of grant spent on tuition, fees, books & supplies	Amount of grant spent on room & board
__T __S					
__T __S					
__T __S					
__T __S					
__T __S					
__T __S					

At what institution were you a candidate for a degree during the year?
 Taxpayer: _____ Spouse: _____

Type of degree (graduate or undergraduate)?
 Taxpayer: _____ Spouse: _____

A W-2 should be issued to anyone who received wages that were not exempt by treaty. Please mail us copies of all Forms W-2 received by you or your spouse for wages or compensation earned during the year. In addition, please recap all wages and compensation received below.

RECAP OF WAGES, TIPS & OTHER COMPENSATION

Indicate taxpayer or spouse	Name of employer	Wages & Tips Box 1
__T __S		
__T __S		
__T __S		
__T __S		
__T __S		
__T __S		
__T __S		
__T __S		

TAX ORGANIZER FOR INTERNATIONAL VISITORS TO THE UNITED STATES

Income

A Form 1099 is issued for earned income if you are not considered the employee of the payer. This is self-employment or business income. Please mail us copies of all Forms 1099 received by you or your spouse for this type of income. In addition, report below any additional self-employment income received and related expenses.

BUSINESS INCOME		
Please report here any income you or your spouse received from self-employment (the performance of services as an independent contractor, not reported on Form W-2 or 1042-S).		
Who performed the services?	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	
Product or Service: _____	Employer ID No. (if you have one): _____	
Business Name (if you have one): _____	Address: _____	
Detail of Income:	Amount:	Form 1099 received:
		<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
Total:		
Detail Expenses:	Amount:	
Total:		

BUSINESS INCOME		
Please report here any income you or your spouse received from self-employment (the performance of services as an independent contractor, not reported on Form W-2 or 1042-S).		
Who performed the services?	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	
Product or Service: _____	Employer ID No. (if you have one): _____	
Business Name (if you have one): _____	Address: _____	
Detail of Income:	Amount:	Form 1099 received:
		<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
Total:		
Detail Expenses:	Amount:	
Total:		

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Income

INDIVIDUAL RETIREMENT ACCOUNT DISTRIBUTIONS

Please mail us copies of all Forms 1099-R you received.

Indicate taxpayer or Spouse	Total distribution indicated on Form 1099-R	Taxable distribution indicated on Form 1099-R	Capital gains included in taxable distribution	Federal income tax withheld	State income tax withheld	Name of state	Distribution code

GAMBLING WINNINGS

Please mail us copies of all Forms W-2G you received.

Indicate taxpayer Spouse or Joint	Total amount received	Residents of Canada: enter your total gambling losses for the year	Federal income tax withheld	State income tax withheld	Name of state

OTHER INCOME	Taxpayer	Spouse
If you received a refund, credit or offset of any state or local income tax, please enter the total amount from Form 1099-G.	_____	_____
If you received any other income during the year, please describe the type and amount.		

Notes and comments:

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Deductions

TAXES PAID	Taxpayer	Spouse
List your federal estimated tax payments:		
• 1 st payment	Amt _____ Date _____	Amt _____ Date _____
• 2 nd payment	Amt _____ Date _____	Amt _____ Date _____
• 3 rd payment	Amt _____ Date _____	Amt _____ Date _____
• 4 th payment	Amt _____ Date _____	Amt _____ Date _____
List your state estimated tax payments:		
• 1 st payment State _____	Amt _____ Date _____	Amt _____ Date _____
• 2 nd payment State _____	Amt _____ Date _____	Amt _____ Date _____
• 3 rd payment State _____	Amt _____ Date _____	Amt _____ Date _____
• 4 th payment State _____	Amt _____ Date _____	Amt _____ Date _____
The total state and local taxes you paid during the year with last year's state and local income tax returns.	_____	_____
Real estate taxes on your principal residence:	_____	_____
Real estate taxes on other property:	_____	_____
Personal property taxes (include portion of auto license tabs based on value of car):	_____	_____
Other taxes — Describe:		
_____	_____	_____
_____	_____	_____

STUDENT LOAN INTEREST		
<p style="color: #800000; margin: 0;">If you are single and have borrowed money to pay for tuition, fees, room and board, books or supplies for yourself or a dependent who is at least a half-time student enrolled in a degree or certificate program, you might be able to deduct the interest. Please answer the following questions.</p>		
	Taxpayer	Spouse
What amount of interest did you pay on your student loan during the year (from Form 1099)?	_____	_____
When did you make the first payment on this loan (month/year)	____/____	____/____
What is the name of the lending institution?	_____	_____
What is the name of the student (dependent/spouse)?	_____	_____
Was the student enrolled at least half-time in a degree or certificate program?	___Yes ___No	___Yes ___No
Were the borrowed funds used for any purpose other than qualified higher education expenses?	___Yes ___No	___Yes ___No

Deductions

OTHER INTEREST

From Form 1098 you received from the lender.

T/S/J	Lender:	Amount:
	Mortgage interest and points on principal residence reported to you on Form 1098.	_____
	Mortgage interest on principal residence not reported on Form 1098.	_____
	Points not reported on Form 1098.	_____
	Mortgage interest on residence other than principal residence	_____
	Interest paid on loan used exclusively to purchase stocks, bonds, etc.	_____

MOVING EXPENSES

If you moved during the year, and you have been, or plan to be, a full time employee at the new location for at least 39 weeks during the 12 months right after you move, you might be able to deduct moving expenses. Please answer the following questions.

	Taxpayer	Spouse
What is the address of your former place of work?		
What is the address of your new place of work?		
What was the date of your move?	_____	_____
How many weeks have you been fully employed at your new location (to current date)?	_____	_____
How many miles from your old home to your new place of work?	_____	_____
How many miles from your old home to your former place of work?	_____	_____
Cost of transporting household goods and personal effect?	_____	_____
Cost of storing household goods and personal effect?	_____	_____
Cost of travel expenses?	_____	_____
How many miles were traveled?	_____	_____
Cost of lodging during travel?	_____	_____
Total amount reimbursed by your employer for moving expenses?	_____	_____

Deductions

INDIVIDUAL RETIREMENT ARRANGEMENT CONTRIBUTIONS		
Traditional and Roth IRA contributions can be made for the current year (tax year) before April 15th of the following year.		
	Taxpayer	Spouse
How much have you contributed, or do you plan to contribute, to a traditional IRA for the current year? (Note: If you are married filing jointly, you can make contributions to your spouse's IRA.)	_____	_____
Do you wish to make the maximum deductible contribution to a traditional IRA for the current year?	___ Yes ___ No	___ Yes ___ No
How much have you contributed, or do you plan to contribute, to a Roth IRA for the current year, exclusive of any conversion amounts from a traditional IRA?	_____	_____
Do you wish to make the maximum allowable contribution to a Roth IRA for the current year?	___ Yes ___ No	___ Yes ___ No
Were you covered by a retirement plan during the current year? (The "Pension Plan" box in box 15 of your W-2 form should be checked if you were covered by a plan.)	___ Yes ___ No	___ Yes ___ No
How much, if any, did you contribute to an Education IRA by December 31 st of the current year?	_____	_____
If you contributed to an Education IRA by December 31 st of the current year, provide the name and address of the Institution, the amount contributed, and the total value of the Education IRA at December 31.		
Please add any additional comments or questions relating to IRA contributions.		

CASUALTY AND THEFT LOSSES					
You may be able to deduct part or all of each loss caused by theft, vandalism, fire, storm or similar causes, and car, boat or other accidents. The amount of each casualty or theft loss must be more than \$100, and the total of all losses during the year must be more than 10 percent of your adjusted gross income.					
Indicate T/S/J	Description of item damaged or stolen	Cost or other basis of property	Insurance or other reimbursement	Fair market value before the casualty or theft	Fair market value after the casualty (zero if theft)

Deductions

CHARITABLE CONTRIBUTIONS
 You may deduct contributions or gifts you gave to U.S. organizations that are religious, charitable, educational, scientific or literary in purpose. Gifts of \$250 or more to one charity are not deductible unless substantiated with a written statement showing the amount of money and a description of property contributed.

CASH CONTRIBUTIONS		
T/S/J	Organization:	Amount:

PROPERTY CONTRIBUTIONS				
	Property A	Property B	Property C	Property D
T/S/J				
Donee Organization				
Description of Donated Property				
Date of contribution				
Date Acquired				
Your Basis (generally cost)				
Fair Market Value at time of gift				

MEDICAL EXPENSES
 Include medical and dental expenses you paid for yourself or a dependent. Do not include reimbursed expenses.

	Taxpayer	Spouse
Prescription medicine & insulin		
Doctors & dentists		
Eye glasses & prescriptions		
Medical insurance		
Other medical expenses (list):		

Deductions

JOB EXPENSES AND OTHER MISCELLANEOUS DEDUCTIONS

If you traveled in connection with your work or employment, you can deduct transportation, meals and lodging, as long as the travel is outside of your metropolitan area long enough to rent a hotel room. Commuting from your home to your regular workplace is not deductible, but transportation from one business location to another is. Most expenses that are incurred primarily for work or investment purposes are deductible. Expenses incurred primarily for personal purposes are not deductible.

	Taxpayer	Spouse
How many miles did you drive your car for business purposes during the year?	_____	_____
How many total miles did you drive your car during the year?	_____	_____
Please provide the make and model of your car.	Make: _____ Model: _____	Make: _____ Model: _____
How much did you pay for parking fees, tolls and transportation, other than car expenses, for business purposes that did not involve overnight travel or commuting to and from work?	_____	_____
How much did you pay for travel expenses while away from home overnight, including lodging, airplane, car rental, etc.? (Do not include meals and entertainment.)	_____	_____
How much did you pay for business meals and entertainment?	_____	_____
How much did you pay for tax preparation fees?	_____	_____
How much did you pay for union dues?	_____	_____
How much did you pay to acquire a work visa?	_____	_____
Other expenses — Describe: _____ _____ _____	_____ _____ _____	_____ _____ _____

Notes and comments:

Deductions

CHILD AND DEPENDENT CARE EXPENSES

You may be able to take this credit if you paid someone to care for your child under age 13 or an incapacitated dependent or spouse. Qualifying expenses include amounts paid for household services and care of the qualifying person while you worked. **If you are married, you may claim this credit only if you file a joint resident return with your spouse.**

T/S/J	First	Qualifying person's name Last	Qualifying person's social security number or ITIN	Qualified expenses incurred and paid during the year for this child
T/S/J	Care provider's name	Care provider's address (number, street, city, state, ZIP code)	Care provider's identifying number (SSN or EIN)	Amount paid to care provider
Enter the total amount of dependent care benefits you received during the year. This amount should be shown in box 10 of your W-2 form(s).				_____

EDUCATION CREDITS

If you or a dependent paid qualified post-secondary education expenses for you, your spouse, or the dependent during the year, you may be eligible for the Hope Scholarship Credit and/or the Lifetime Learning Credit. **You may not claim this credit if you file as a nonresident alien. If you are married, you may claim this credit only if you file a joint resident return with your spouse.**

T/S/J	Student 1	Student 2
Student's name (first, last, middle initial)		
Student's social security number or ITIN		
Has the student been an eligible student for at least one academic period which began during the year?	___Yes ___No	___Yes ___No
Was the student carrying at least ½ the normal full-time work load for the course of study the student is pursuing?	___Yes ___No	___Yes ___No
Has the student ever been convicted of a felony drug offense?	___Yes ___No	___Yes ___No
Prior to the current year, had the student completed the first 2 years of post-secondary education?	___Yes ___No	___Yes ___No
What was the total amount of tuition and related fees and expenses paid by you during the year?		

