

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: _____

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

Country of Citizenship: _____ Country that issued Passport: _____

Are you married? Yes No If "YES", is your spouse in the U.S.? Yes No

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

Do you have dependents? Yes No If "YES", how many? _____ Are they in the United States? Yes No

Dependent Information

First Name	Last Name	Date of Birth (mm/dd/yyyy)	ITIN or SSN	Relationship to you (son, daughter, etc.)	Months in U.S.	U.S. citizen, U.S. resident alien, U.S. national, or a resident of Canada, Mexico, or Republic of 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 \$3,650 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) _____

On what date did your visa type change? / /

Enter the type of U.S. visa you held during these years:
 2003 _____ 2004 _____ 2005 _____ 2006 _____ 2007 _____ 2008 _____

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

Were you present in the United States as a teacher, trainee or student for any part of 2 of the 6 prior calendar years?

2003 _____ 2004 _____ 2005 _____ 2006 _____ 2007 _____ 2008 _____

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

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

2007 _____ 2008 _____ 2009 _____

List the dates you entered and left the United States during 2009:

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 2009? Yes No

If "Yes", when ___/___/___ What form? _____

During 2009, 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

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

Information about academic institution you attended in 2009

Name: _____ Telephone Number: _____

Address: _____

Name of the director of your specialized program: _____

Address: _____

Telephone Number: _____

During 2009 did you receive:

Scholarships or Fellowship Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wages, Salaries or Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interest or Dividend Income	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distributions from IRA, Pension or Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Income	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capital gains or losses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Other Income (gambling, lottery, rents, royalties, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did you have:

Casualty or Theft Losses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loan Interest	<input type="checkbox"/> Yes <input type="checkbox"/> No
State or Local Income Taxes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Charitable Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moving Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child/Dependent Care Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
IRA Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No