# US Tax Information for G Visa Holders at the Delegation of the European Union to the UN

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January 15, 2015



www.embassytax.com | 703-949-1977

## Agenda

- Social Security numbers and ITIN numbers
- Exemptions from US Tax
- Working in the US
  - Wages
  - Employee Withholding
- Investing in the US
  - Tax Treaty
  - Interest and Dividend income
  - Rental Income
  - Capital Gains
  - Sale of Residence
- Nonresident Tax Return
  - Form 1040NR

### Tax Identification Numbers

To work or invest in the US, you will need to have either a social security number or an IRS individual taxpayer identification number (ITIN).

You don't need both:

If you plan to work, you will need a social security number which can be used for working and investing.

If you do not plan to work, you only will need an ITIN number which cannot be used for employment purposes.



	NAME	First		Full Middle Na	me	Last			
1	TO BE SHOWN ON CARD FULL NAME AT BIRTH IF OTHER THAN ABOVE	First		Full Middle Na	mə	Last			
	OTHER NAMES USED								
2	Social Security number previousl listed in item 1	y assigned to the	e person		]-[]]	]-[			
3	PLACE OF BIRTH			Office Use Only	4	DATE	2		
	(Do Not Abbrevlate) City	State or Fo	reign Country	FCI	112012010120	BIRTH		MM/DD/Y	
5	CITIZENSHIP ( Check One )	U.S. Citiz	zen	Legal Alien Allowed To Work	To Wo	Alien <b>Not</b> rk(See tions On I			er (See ructions e 3)
	ETHNICITY	RACE		Native Hawaiia	n 🗌 Ar	nerican In	dian	Other Island	Pacific
6	Are You Hispanic or Latino? (Your Response Is Voluntary) Yes No	Select One or Mor (Your Response is		Alaska Native		ack/Africa nerican	n	White	51
8	SEX	Male	C	Female					
~	A. PARENT/ MOTHER'S NAME AT HER BIRTH	First		Full Middle Name		Last			
9	B. PARENT/ MOTHER'S S SECURITY NUMBER (SI	E CENTRAL CLUB	3 on Page 3)	-				🗌 Unki	nown
^	A. PARENT/ FATHER'S NAME	First		Full Middle Name		Last			
0	B. PARENT/ FATHER'S SO NUMBER (See instructions for	a restance and the second second	RITY	<b>—</b>				🗌 Unk	nown
1	Has the person listed in item 1 or card before?		n his/her be						mber
	Yes (If "yes" answer questions 12-13 Name shown on the most recent		First	Don't Know (If	Full Middle		uestion	14.) Last	
2	Security card issued for the perso listed in item 1		T Hat		T UN WILCOX	Traine.		Loat	
13	Enter any different date of birth if	used on an							
1.7	earlier application for a card				MM/DD	YYYY	_		
,	TODAY'S			PHONE					
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	MAILING ADDRESS (Do Not Abbreviate) I declare under penalty of perjury that and it is true and correct to the best to	have examined all my knowledge.	the informati	State/Foreign C on on this form, and ATIONSHIP TO	on any ac		-	ements or	forms,
	MAILING ADDRESS (Do Not Abbreviate) I declare under penalty of perjury that and it is true and correct to the best to	have examined all my knowledge.	the informati	State/Foreign ( on on this form, and ATIONSHIP TO	on any ac	ERSO	-	ments or	forms,
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#### **Application for IRS Individual Taxpayer Identification Number** ▶ For use by individuals who are not U.S. citizens or permanent residents. See instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.	FOR IRS USE ONLY				
Before you begin:					
• Do not submit this form if you have, or are eligible to get, a U.S. social security number (SSN).					
<ul> <li>Getting an ITIN does not change your immigration status or your right to work in the United States and does not make you eligible for the earned income credit.</li> </ul>					

Reason you are submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a tax return with Form W-7 unless you meet one of the exceptions (see instructions).

a Nonresident alien required to get ITIN to claim tax treaty benefit

b Nonresident alien filing a U.S. tax return

c 🗌 U.S. resident alien (based on days present in the United States) filing a U.S. tax return

d Dependent of U.S. citizen/resident alien Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions)

e Spouse of U.S. citizen/resident alien

f 🗌 Nonresident alien student, professor, or researcher filing a U.S. tax return or claiming an exception

g Dependent/spouse of a nonresident alien holding a U.S. visa

h □ Other (see instructions) ►

Additional in	formation for a and f: Enter treaty country >	and treaty a	rticle number >
Name (see instructions)	1a First name Mic	ldle name	Last name
Name at birth if different	1b First name Mic	dle name	Last name
Applicant's	2 Street address, apartment number, or rural roo	ute number. If you have a P.O.	box, see separate instructions.
mailing address	City or town, state or province, and country. In	clude ZIP code or postal code	where appropriate.
Foreign (non- U.S.) address (if different from	3 Street address, apartment number, or rural roo	ute number. Do not use a P.O.	box number.
above) (see instructions)	City or town, state or province, and country. In	clude ZIP code or postal code	where appropriate.
Birth information	4 Date of birth (month / day / year) Country of birth	City and state or	r province (optional) 5  Male
Other information	6a Country(ies) of citizenship 6b Foreign tax	D. number (if any) 6c Type	of U.S. visa (if any), number, and expiration date
	6d Identification document(s) submitted (see inst USCIS documentation Other Issued by: No.:	Exp. date: / /	Driver's license/State I.D. Date of entry into the United States (MM/DD/YYYY) / /
	6e Have you previously received a Internal Rever No/Do not know. Skip line 6f. Yes. Complete line 6f. If more than one, I		
	6f Enter: IRSN or EIN ► Name under which it was issued ►		and
	6g Name of college/university or company (see in City and state	nstructions) Length of	stay
Sign Here	Under penalties of perjury, I (applicant/delegate/acce documentation and statements, and to the best of my k acceptance agent returns or return information necessa number (ITIN), including any previously assigned taxpaye	nowledge and belief, it is true, corre- ry to resolve matters regarding the r identifying number.	ect, and complete. I authorize the IRS to disclose to my assignment of my IRS individual taxpayer identification
	Signature of applicant (if delegate, see instruc	ctions) Date (month / day	//year) Phone number
Keep a copy for your records.	Name of delegate, if applicable (type or print)	Delegate's relation to applicant	Parent Court-appointed guardian
Acceptance Agent's	Signature	Date (month / day	/ / year) Phone Fax
Use ONLY	Name and title (type or print)	Name of company	EIN PTIN Office Code
For Paperwork Re	duction Act Notice, see separate instructions.	Cat. No. 1022	29L Form W-7 (Rev. 8-2013)



### Types of Income

Income received from US sources by nonresident aliens is classified as either:

Effectively connected with a trade or business in the US.

or Fixed and Determinable Income

Effectively connected income (wages or self-employment income) is taxed at graduated rates.

Fixed and determinable income (interest income or dividends) is taxed at a flat rate of 30% or less where a lower rate is established by an income tax treaty.



### Exemption for Wages received from the EU

- Exemptions from US Tax Executive Order 12651
- Wages received by G Visa holders of the Delegation of the European Union to the United Nations and the Delegation of the European Commission in their official capacity are exempt from tax in the United States.
- Wages earned by employees and other family members from US employers are subject to tax and must be reported on a US tax return (Form 1040NR).
- Wages received by US citizens and green card holders are subject to tax in the US and are not exempt.



If you work outside of the mission, you are subject to both income tax and social security tax. You will have to pay income tax to the Federal Government and the local state where you live.

The exemption from taxes does not extend to income earned outside of your official capacity at the mission.

- Complete IRS Form W-4 to set up Federal withholding and the appropriate State withholding forms. These forms are filed with your employer.
- After the year ends, you will receive Form W-2 showing total wages received in the calendar year. The form should come by January 31<sup>st</sup>.



Nonresident Aliens completing Form W-4 should

- 1) Enter your Social Security Number on Line 2 (Don't use an ITIN number, it needs to be an SSN)
- 2) Check Single on Line 3
- 3) Claim only 1 allowance on Line 5
- 4) Write NRA on the dotted line on Line 6
- 5) Do not claim EXEMPT on Line 7



### Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note, If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee: • Is age 65 or older,

· Is blind, or

· is blind, or

Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuing your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances. Nonwage income, if you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form V+or W-4P.

Two earners or multiple jobs. If you have a working spouse or more han one job. figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

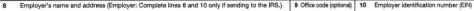
Personal Allowances Worksheet (Keep for your records.)

Α	Enter "1" for yourself if no one else can claim you as a dependent
	<ul> <li>You are single and have only one job; or</li> </ul>
в	Enter "1" if: { • You are married, have only one job, and your spouse does not work; or } B
	Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more
	than one job. (Entering "-0-" may help you avoid having too little tax withheld.)
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D
E	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit F
	(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
	<ul> <li>If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you</li> </ul>
	have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.
	• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child G
н	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) > H
	For accuracy, ( If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
	complete all         If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to that apply.
	united to the second

• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

	W-4. ment of the Treasury Revenue Service	Whether you are en	ntitled to claim a certain nu	ng Allowance Certifica mber of allowances or exemption from wi ay be required to send a copy of this form	thholding is	омв №. 1545-00 2015	
1	Your first name a	nd middle initial	Last name		and the second s	al security number	
First	Name		Last Name		00	00-00-0000	
	Home address (n	umber and street or rural rou	te)	3 Single Married Mar	ried, but withhold	at higher Single rate.	
Stree	et Address			Note. If married, but legally separated, or spo			box.
	City or town, stat	e, and ZIP code		4 If your last name differs from that	shown on your s	ocial security card.	
City,	State and Zip C	ode		check here. You must call 1-800-			
5	Total number of	of allowances you are cl	aiming (from line <b>H</b> abo	ve or from the applicable worksheet	on page 2)	5 1	
6	Additional amo	ount, if any, you want wi	thheld from each paych	neck N.R.M	A	6 \$	
7	I claim exempt	tion from withholding for	2015, and I certify that	I meet both of the following condition	ons for exempt	ion.	1835
	Last year I have	ad a right to a refund of	all federal income tax w	vithheld because I had no tax liability	, and	Constant Constant	100
	• This year I ex	pect a refund of all fed	eral income tax withheld	d because I expect to have no tax lial	bility.		
	If you meet bo	th conditions, write "Exe	empt" here		7		
Unde	r penalties of perju	ury, I declare that I have e	xamined this certificate a	and, to the best of my knowledge and b	elief, it is true, o	correct, and complet	te.
	oyee's signature form is not valid u	nless you sign it.) 🕨			Date ►		



Cat. No. 10220Q



	a Employee's social security number	OMB No. 1545		Safe, accurate, FAST! Use		e IRS website at s.gov/efile
b Employer identification number (	EIN)		1 Wag	es, tips, other compensation	2 Federal income	tax withheld
c Employer's name, address, and 2	ZIP code		3 Soc	ial security wages	4 Social security t	ax withheld
*			5 Med	dicare wages and tips	6 Medicare tax with	thheld
			7 Soc	ial security tips	8 Allocated tips	
d Control number			9		10 Dependent care	benefits
e Employee's first name and initial	Last name	Suff.	11 Nor 13 Statu empl 14 Other		12a See instruction	s for box 12
f Employee's address and ZIP cod	e				C	
15 State Employer's state ID num	ber 16 State wages, tips, etc.	17 State incom	e tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Statemen	d Tax -	2015	i	Department o	of the Treasury-Interna	Revenue Servic

Copy B-To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

Expenses must be:

- Ordinary and necessary, required by employer.
- For items where no employer reimbursement available.
- Use Form 2106 to calculate the amount of unreimbursed employee business expense and claim deduction on Form 1040NR Schedule A as Other Miscellaneous Deductions. Subject to 2% AGI limitation.



### Investing in the US

To open a bank account or investment account, you will need provide the bank or investment firm with either a social security number or an IRS individual taxpayer identification number (ITIN)

Be sure that when you open your account with your bank or investment company that you let them know you are not a US resident

You should give them your ITIN or SSN and Form W-8BEN so they can set up your account properly and withhold tax at the correct tax treaty rates

At the end of the year you should receive Form 1042-S.

If your bank issues you a Form 1099 series form to report interest or dividends, the account is not set up correctly.



Form <b>W-8BEN</b> (Rev. February 2014) Department of the Treasury Internal Revenue Service	States Tax W ► For use t ► Information about Form W	ign Status of Beneficia ithholding and Reportin by individuals. Entities must use Form - 3BEN and its separate instructions is the withholding agent or payer. Do n	g (Individuals) W-8BEN-E. s at www.irs.gov/formw8b		OME	3 No. 1545-1621
Do NOT use this form if	1				Ins	stead, use Form:
• You are NOT an individ	ual					W-8BEN-E
• You are a U.S. citizen o	r other U.S. person, including a r	esident alien individual				W-9
(other than personal se	rvices)					W-8ECI
<ul> <li>You are a beneficial ow</li> <li>A person acting as an i</li> </ul>	• •	on for personal services performed	in the United States .		• •	. 8233 or W-4
3 Permanent reside		no., or rural route). <b>Do not use a F</b>	2 Country of citizer	·		
City or town, stat	e or province. Include postal cod	e where appropriate.	Co	ountry		
4 Mailing address	if different from above)					
City or town, stat	e or province. Include postal cod	e where appropriate.	Co	ountry		
5 U.S. taxpayer ide	entification number (SSN or ITIN),	if required (see instructions)	6 Foreign tax ident	ifying num	ber (se	e instructions)
7 Reference numb	er(s) (see instructions)	8 Date of birth (MM-DD	-YYYY) (see instructions)	)		
Part II Claim o	Tax Treaty Benefits (for	chapter 3 purposes only) (se	e instructions)			

- 9 I certify that the beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.
- 10 Special rates and conditions (if applicable-see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of income):

Explain the reasons the beneficial owner meets the terms of the treaty article:

#### Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or
  am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- · The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:

(a) not effectively connected with the conduct of a trade or business in the United States,

(b) effectively connected but is not subject to tax under an applicable income tax treaty, or

(c) the partner's share of a partnership's effectively connected income,

- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- · For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

#### Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer	Capacity in which ac	ting (if form is not signed by beneficial owner)
For Paperwork Reduction Act Notice, see separate instructions.	Cat. No. 25047Z	Form W-8BEN (Rev. 2-2014)



Form 10	42-S	F	oreign Per	son's U.S.	Sou	rce Income	Subj	ect to Withholding	20	015	OM	B No.	1545-0096
	of the Treasury		Information ab	AMENDE		its separate inst	truction	ns is at www.irs.gov/form104	12s.				<b>y A</b> for renue Service
	2 Gross incom	ne	3 Chap. 3:		40	hap. 4:		5 Withholding allowance	е				
code		3a Exemptio	on code	4a	Exemption code	,	6 Net income			Check if tax not deposited with IRS		sited with IRS	
3b Tax rate					4b Tax rate			7 Federal tax withheld			pursuant to e	scrow pr	ocedure
8 Tax withh	eld by other a	ager	nts					9 Tax paid by withholdi	ing agent				
10 Total wit	thholding cred	lit						11 Amount repaid to re	cipient	5			
12a Withholding agent's EIN 12b Ch. 3 status code 12c Ch. 4 status code 14a Primary Withholding Agent's Name (if applicable)							)						
								14b Primary Withholding	g Agent's	EIN			
12d Withholding agent's name							15a Intermediary or flow-th	nrough entity	/'s EIN, if any	15b Ch. 3 statu	s code	15c Ch. 4 status co	
12e Withholding agent's Global Intermediary Identification Number (GIIN)							15d Intermediary or flow-through entity's name						
12f Country	v code	120	Foreign taxe	aver identifica	tion	number, if any	_	15e Intermediary or flow-	0				· · · · · · · · · · · · · · · · · · ·
								15f Country code	-	eign tax identi	fication num	ber, if	anv
12h Addres	ss (number and	d st	reet)					,					
								15h Address (number a	nd street)				
12i City or t	town, state or	pro	vince, countr	ry, ZIP or forei	gn po	ostal code							
								15i City or town, state	or provinc	e, country, ZIF	or foreign p	ostal	code
13a Recipie	nt's U.S. TIN,	if a	ny										
								13h Recipient's GIIN		13i Recipient's	s foreign tax id	lentific	ation number, if a
13b Ch. 3 st	tatus code			13c Ch. 4 st	atus	code							
13d Recipie	ent's name			13e Re	cipier	nt's country co	de	16 Recipient's account	number		17 Recip	ient's	date of birth
13f Address	(number and s	tree	t)					18 Payer's name		19 Payer's T	IN	<b>20</b> Pa	yer's GIIN



### Taxation of Fixed and Determinable Income

- Income from US sources, like interest income, dividend income and capital gains is taxed at a flat 30% or lower tax treaty rate.
- In order to qualify lower tax treaty rates, the taxpayer must qualify as a resident of a tax treaty country. Most EU member countries have income tax treaties with the US.
- For US sourced rental income there is special election that can be made to be taxed on a net income basis rather than the flat rate of 30% of gross rental income.



### **Capital Gains and Losses**

Capital gains (not involving real estate)

- Tax Treaty Rate depends on status and country of residence
- Non treaty rules

183 day rule. If you were in the US for less than 183 days, capital gains are not taxable

If you were in the US for 183 days or more during the tax year, the net gain from sales of capital assets is taxed at 30% (or lower treaty rate).

Net gain = the excess of US sourced capital gains over US sourced capital losses.



### **Capital Gains and Losses**

Capital gains (involving real estate)

 Taxed at graduated tax rates rather than at the 30% standard tax rate for fixed income. Use Schedule D to compute the amount



Exclusion of up to \$250,000 on the gain from the sale of your main home.

Requirements:

- Property must be your main home.
- You must have owned and lived in the home for at least 2 years during the 5 year period ending on the date of sale.

If all the gain is excluded, the sale does not have to be reported on your tax return.



### Joint Filing Election with Nonresident Spouse

- If you are a nonresident and are married to a US citizen or resident, you can make a one time election to file a joint tax return with your spouse.
- Written election is required in year of election
- The nonresident alien spouse is required to report worldwide income
- If a joint filing election is made, the exemption from US tax for EU G-3 visa holders is not affected. See IRS Revenue Ruling 79-246
- The election can be revoked but once revoked cannot be made again



### 1040NR Tax Return Overview

- Due date April 15 of each year if wages or other effectively connected income is being reported. If only investment income is being reported the due date is June 15<sup>th</sup>
- Filing Status Use either Other Single Nonresident Alien if you are not married, or Other Married Nonresident Alien
- Exemptions Only 1 exemption allowed. No exemptions for spouse or children
- Itemized deductions are limited. No deductions allowed for mortgage interest or real estate taxes.



Form <b>1040</b>		- informatio	For t	he year Janua	nd its separate ary 1-December 3	1, 2013, or 0	other tax yes	ar	nn 1040hr	9	013
nternal Revenue S	Service	beginning			13, and ending			, 20			
	Your first	t name and initial			Last name				Identifying	number (s	see instructio
	Present I	home address (nu	imber street an	d ant no or	rural route). If you	have a P O	hox see in	structions	Check if:	Indiv	idual
lease print	riosontri		111001, 30 000, all	a apr. no., or	rara roatoj. ir you	inare a rice	DOX, 000 11		Check II.	=	te or Trust
r type	City, tow	n or post office, s	state, and ZIP co	de. If you hav	e a foreign addre	ss, also com	plete space	s below (see in	structions).	L court	
	Foreign o	country name				Foreign pro	vince/state/	county		For	eign postal co
iling	1 🗆	Single residen	t of Canada o	r Mexico or	single U.S. nati	ional	4 🗌 Ma	rried residen	t of South	Korea	
tatus	2	Other single r			•		5 Oth	ner married n	onresiden	t alien	
	3 🗆	Married resider	nt of Canada o	r Mexico or i	married U.S. nat	ional	6 🗌 Qua	lifying widow(e	r) with deper	ndent child	(see instructio
heck only	If you	checked box	3 or 4 above,	enter the in	nformation belo	ow.					
ne box.	(i) Spous	se's first name and	d initial	(ii) Spou	se's last name			(iii) Spous	e's identifyi	ng number	0
xemptions	7a 🗌	Yourself. If s	someone can	claim you a	as a dependent	t, do not c	heck box	7a	• ]	Boxes che	akad
	b 🗆	Spouse. Che					e and you	ur spouse di	d not }	on 7a and	7b
									• •	No. of child	
	C De	ependents: (se	e instructions)		(2) Dependent's		pendent's	(4) V if qual child for child	ifying	lived with	
fmore	(1)	First name	Last name	e ic	lentifying number	relation	ship to you	credit (see i		did not live	with
than four dependents, see instructions.										you due to or separati	divorce
						_				instruction	s)
										Dependent not entered	son 7c iabove
	<b>d</b> To	tal number of	exemptions c	laimed .						Add numbe ines above	
	-	ages, salaries,	the second se						. 8		
ncome	9a Ta	xable interest							. 9a		
Effectively Connected		x-exempt inte					9b		14		
Vith U.S.	10a Or	dinary dividend	ds						. 10a	1	
rade/	b Qu	ualified dividen	ds (see instru	ictions) .		[	10b		-1/		
Business	11 Ta	xable refunds,	, credits, or of	fsets of sta	te and local in	come taxe	s (see ins	tructions) .	. 11		
	12 Sc	holarship and fe	ellowship grant	ts. Attach Fo	orm(s) 1042-S or	r required s	tatement (	see instruction	ns) 12		
	13 Bu	usiness income	e or (loss). Att	ach Schedu	ule C or C-EZ (	Form 1040	))		. 13		
	14 Ca	apital gain or (lo	ss). Attach Sc	hedule D (F	orm 1040) if rec	quired. If no	t required	, check here	14		
ttach Form(s)	15 Ot	her gains or (lo	osses). Attach	Form 4797	7				. 15	_	
V-2, 1042-S,	16a IR/	A distributions		16a		16b Tax	able amour	nt (see instructi			
	179 Pe	ensions and an	nuities	17a		17b Tax	able amour	nt (see instructi			
SA-1042S,			_						. 18		
SA-1042S, RB-1042S, nd 8288-A	18 Re	ental real estate									
SA-1042S, RB-1042S, nd 8288-A ere. Also	18 Re 19 Fa	ental real estate irm income or (	(loss). Attach	Schedule F	(Form 1040)				. 19		
SA-1042S, RB-1042S, nd 8288-A ere. Also ttach Form(s) 099-R if tax	18 Re 19 Fai 20 Un	ental real estate rm income or ( nemployment c	(loss). Attach compensation	Schedule F	(Form 1040)				. 19 . 20		
ISA-1042S, IRB-1042S, IRB-1042S, nd 8288-A ere. Also ttach Form(s) 099-R if tax vas withheld.	18 Re 19 Fai 20 Un 21 Oti	ental real estate irm income or ( nemployment c her income. Lis	(loss). Attach compensation ist type and a	Schedule F	(Form 1040)	: : : :	· · · ·		. 19		
SA-1042S, RB-1042S, nd 8288-A ere. Also ttach Form(s) 099-R if tax	<ol> <li>18 Re</li> <li>19 Fai</li> <li>20 Un</li> <li>21 Oti</li> <li>22 Toti</li> </ol>	ental real estate irm income or ( nemployment c her income. Lis tal income exemp	(loss). Attach compensation ist type and ar pt by a treaty fro	Schedule F mount (see om page 5, S	(Form 1040) instructions) chedule OI, Item	  L(1)(e)	22		. 19 . 20 21		
SA-1042S, RB-1042S, and 8288-A ere. Also ttach Form(s) 099-R if tax	<ol> <li>18 Re</li> <li>19 Fai</li> <li>20 Un</li> <li>21 Oti</li> <li>22 Toti</li> <li>23 Condition</li> </ol>	ental real estate irm income or ( nemployment of ther income. List tal income exempto mbine the am	(loss). Attach compensation ist type and an pt by a treaty fro nounts in the	Schedule F mount (see om page 5, S far right c	(Form 1040) instructions) chedule OI, Item column for line	  L (1)(e)	22   gh 21. Tř	nis is your t	. 19 . 20 21		
SA-1042S, RB-1042S, nd 8288-A ere. Also ttach Form(s) 099-R if tax /as withheld.	18         Re           19         Fai           20         Un           21         Otil           22         Totil           23         Cool           eff	ental real estate rm income or ( hemployment of ther income. List tal income exemption bine the arr fectively conn	(loss). Attach compensation ist type and ar pt by a treaty fro nounts in the <b>nected incom</b>	Schedule F mount (see om page 5, S far right c	(Form 1040) instructions) chedule OI, Item column for line	L (1)(e)	22   gh 21. Tr	nis is your t	. 19 . 20 21		
SA-1042S, RB-1042S, nd 8288-A ere. Also ttach Form(s) 099-R if tax ras withheld.	18         Re           19         Fai           20         Un           21         Oti           22         Toti           23         Coo           eff         24	ental real estate irm income or ( hemployment of ther income. List tal income exemption bine the arr fectively conn lucator expension	(loss). Attach compensation ist type and ar pt by a treaty fro nounts in the <b>nected incom</b> ses (see instru-	Schedule F mount (see om page 5, S far right c e ictions) .	(Form 1040) instructions) chedule OI, Item column for line	L (1)(e)	22   gh 21. Tr  24	nis is your t	. 19 . 20 21		
SA-1042S, RB-1042S, nd 8288-A ere, Also ttach Form(s) 099-R if tax ras withheld.	18         Re           19         Fail           20         Un           21         Otil           22         Totil           23         Coole           24         Edd           25         Heil	ental real estate irm income or ( hemployment c ther income. List tal income exemp ombine the am fectively conn fucator expens ealth savings ac	(loss). Attach compensation ist type and an pt by a treaty fro nounts in the <b>nected incom</b> ses (see instru- ccount deduct	Schedule F mount (see om page 5, S far right c e inctions) . ttion. Attack	(Form 1040) instructions) chedule OI, Item column for line	L (1)(e)	22   gh 21. Tr  24   25	nis is your t	. 19 . 20 21		
SA-10425, RB-10425, dd 8288-A ere, Also ttach Form(s) 399-R if tax as withheld.	18         Re           19         Fai           20         Un           21         Otil           22         Totil           23         Cooler           24         Edit           25         He           26         Model	ental real estate irm income or ( hemployment of her income. List tal income exemp ombine the am fectively conn fucator expense ealth savings ac poving expenses	(loss). Attach compensation ist type and ar pt by a treaty fro nounts in the <b>sected incom</b> ses (see instru- ccount deducts. Attach Forr	Schedule F mount (see om page 5, S far right c rections) . ction. Attack m 3903 .	(Form 1040) instructions) chedule OI, Item column for line	L (1)(e)	22   gh 21. Th  24   25   26	nis is your t	. 19 . 20 21		
SA-10425, RB-10425, dd 8288-A ere, Also ttach Form(s) 399-R if tax as withheld.	18         Re           19         Fai           20         Un           21         Otti           22         Toti           23         Coo           eff         24           25         He           26         Mod           27         Dec	ental real estate irm income or ( hermployment c her income. List tal income exemp pombine the am <b>fectively conn</b> fucator expense alth savings ar double part of s	(loss). Attach compensation ist type and ar pt by a treaty fro nounts in the <b>sected incom</b> ses (see instru ccount deduc s. Attach Forr self-employment	Schedule F mount (see on page 5, S far right c e far right c e sctions) . ction. Attach n 3903 t tax. Attach	(Form 1040) instructions) chedule OI, Item column for line h Form 8889 Schedule SE (For	L (1)(e) L es 8 throu	22   gh 21. Tr 24   25   26   27	nis is your t	. 19 . 20 21		
SA-10425, RB-10425, dd 8288-A ere, Also ttach Form(s) 399-R if tax as withheld.	18         Re           19         Fail           20         Unit           21         Otti           22         Totti           23         Constraints           24         Edd           25         Heil           26         Mod           27         Deci           28         See	ental real estate irm income or ( nemployment of her income. Lii tal income exemp mobine the arr fectively conn fucator expenses eath savings ac ductible part of s off-employed Si	(loss). Attach compensation ist type and ar pt by a treaty fromounts in the <b>sected incom</b> ses (see instru- ccount deduc s. Attach Forr self-employment iEP, SIMPLE,	Schedule F mount (see on page 5, S far right c e notions) stion. Attach and qualifie and qualifie	(Form 1040) instructions) chedule OI, Item column for line n Form 8889 Schedule SE (For ad plans	L (1)(e) L es 8 throu	22   gh 21. Th  24   25   26	nis is your t	. 19 . 20 21		
SA-10425, IRB-104	18         Re           19         Fail           20         Unit           21         Otti           22         Totti           23         Constraints           24         Edd           25         Heil           26         Model           27         Decision           28         See           29         See	ental real estate irm income or ( nemployment of her income. Lii tal income exemp mobine the arr fectively conn lucator expense alth savings as oving expenses ductible part of s lif-employed St	(loss). Attach compensation ist type and ai pt by a treaty fro nounts in the <b>nected incom</b> ses (see instru ccount deduc s. Attach Forr self-employment EP, SIMPLE, ealth insurance	Schedule F mount (see on page 5, S far right c e notions) tion. Attach and qualifie ce deductio	(Form 1040) instructions) chedule OI, Item solumn for line h Form 8889 Schedule SE (For dd plans n (see instructi	L (1)(e) L es 8 throu 	22   gh 21. Tr 24   25   26   27   28	nis is your t	. 19 . 20 21		
SA-10425, IRB-104	18         Re           19         Fai           20         Un           21         Otti           22         Toti           23         Cooreff           24         Ed           25         Her           26         Mod           27         Dec           28         See           29         See           30         Pe	ental real estate irm income or ( nemployment c ital income exemp mbine the arm <b>fectively conn</b> lucator expense alth savings ar poving expenses ductible part of s iff-employed hi enalty on early for any on early for the state of the state of the state of the state of the state of the state of the state of th	(loss). Attach compensation set type and ar pt by a treaty fre- nounts in the <b>nected incom</b> ses (see instru- ccount deduc s. Attach Forr self-employmeni EP, SIMPLE, ealth insuranc withdrawal of	Schedule F mount (see on page 5, S far right o e etions) ction. Attach and qualifie ce deductio savings	(Form 1040) instructions) chedule OI, Item column for line n Form 8889 Schedule SE (For ad plans n (see instructi	L (1)(e) L es 8 throu          	22   gh 21. Tr 24   25   26   27   28   29	nis is your t	. 19 . 20 21		
SA-1042S, RB-1042S, nd 8288-A ere. Also ttach Form(s) 099-R if tax	18         Re           19         Fai           20         Un           21         Otti           22         Toti           23         Cooreffi           24         Ed           25         Hei           26         Mod           27         Dec           28         See           29         See           30         Pee           31         Scorefficience	ental real estate irm income or ( her income. Li: her income. Li: tal income exemp ombine the am fectively conn fucator expense ductible part of s ong expenses ductible part of s ductible	(loss). Attach compensation ist type and ai pt by a treaty fir nounts in the eccede incom ses (see instru- ccount deduc s. Attach Forr self-employment iEP, SIMPLE, ealth insuranc fellowship gra	Schedule F mount (see om page 5, S far right c e totions) . titon. Attacl m 3903 . t tax. Attach and qualific ce deductio savings . ants exclud	(Form 1040) instructions) chedule OL, Item column for line solumn for line Schedule SE (For d plans n (see instructi ed	L (1)(e) L ss 8 throu 	22 gh 21. Th 24 25 26 27 28 29 30	nis is your t	. 19 . 20 21		
SA-10425, IRB-10425, nd 8288-A ere, Also ttach Form(s) 09-R if tax ras withheld. Adjusted Gross	18         Re           19         Fai           20         Un           21         Otti           22         Toti           23         Co           eff         Ed           25         He           26         Mo           27         Dec           28         Se           30         Pe           31         Sc           32         IR/	ental real estate irm income or ( her income. Li her income. Li tal income exemp problem the am <b>fectively conn</b> fucator expense ductible part of s lif-employed M iff-employed he nealty on early cholarship and A deduction (si	(loss). Attach compensation ist type and ar pt by a treaty from nounts in the <b>sected incom</b> ses (see instru- ccount deduc- self-employment EP, SIMPLE, ealth insurance withdrawal of fellowship gra- ee instruction	Schedule F mount (see om page 5, S far right c e.	(Form 1040) instructions) chedule OI, Item column for line solumn for line solumn for line solution fo	L (1)(e) L es 8 throu 	22 gh 21. Th 24 25 26 27 28 29 30 31	nis is your t	. 19 . 20 21		
SA-10425, IRB-104	18         Re           19         Fai           20         Un           21         Otti           22         Toti           23         Co           eff         Ed           25         He           26         Mo           27         Dec           28         Se           30         Pe           31         Sc           32         IR/	ental real estate irm income or ( nemployment c her income. Lii tal income exemployment c mobine the arr fectively conn fucator expense ealth savings au ductible part of s or employed Si fi-employed Si fi-employed have holarship and A deduction (su udent loan inte	(loss). Attach compensation ist type and ar pt by a treaty fro nounts in the <b>tected incom</b> ass (see instru- ccount deduc self-employment EP, SIMPLE, ealth insurance withdrawal of fellowship gra- ee instruction prest deductio	Schedule F mount (see om page 5, S far right c e ctcions) titon. Attact m 3903 t tax. Attach and qualifie re deductio savings ants exclud s) 	(Form 1040) instructions) chedule OI, Item column for line Schedule SE (For ed plans n (see instructions)	L (1)(e) L es 8 throu	22   gh 21. Tr 24   25   26   27   28   29   30   31   32	nis is your t	. 19 . 20 21		
SA-10425, IRB-104	18         Re           19         Fai           20         Un           21         Otti           22         Tot           23         Coord           24         Ed           25         He           26         Mod           27         Dec           28         Se           29         Se           30         Pe           31         Sct           32         IRJ           33         Sttt           34         Do	ental real estate irm income or ( her income. Li her income. Li tal income exemp problem the am <b>fectively conn</b> fucator expense ductible part of s lif-employed M iff-employed he nealty on early cholarship and A deduction (si	(loss). Attach compensation ist type and ar pt by a treaty from nounts in the <b>nected incom</b> ses (see instru- ccount deduc s. Attach Forn self-employment EP, SIMPLE, ealth insurance withdrawal of fellowship gra- see instruction prest deduction ction activities	Schedule F mount (see om page 5, S of far right c e crotions) tion. Attact m 3903 t tax. Attach and qualifie ce deductio savings . ants exclud s) m (see instra	(Form 1040) instructions) chedule OI, Item solumn for line Schedule SE (For dd plans n (see instructi ed uctions) . Attach Form	L (1)(e) L ss 8 throu 	22   gh 21. Th 24   25   26   27   28   29   30   31   32   33   34	nis is your t	. 19 . 20 21		



For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

	3)		Page
ax and	37 Amount from line 36 (adjusted gross income)	. 37	
redits	38 Itemized deductions from page 3, Schedule A, line 15	. 38	
realts	<b>39</b> Subtract line 38 from line 37	. 39	
	40 Exemptions (see instructions)	. 40	
	41 Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	. 41	
	42 Tax (see instructions). Check if any tax is from: a Form(s) 8814 b Form 4972	42	
	43 Alternative minimum tax (see instructions). Attach Form 6251	. 43	
	44 Add lines 42 and 43	▶ 44	
	45 Foreign tax credit. Attach Form 1116 if required 45	Pineter Los T	
	46 Credit for child and dependent care expenses. Attach Form 2441 46	SHEET.	
	47 Retirement savings contributions credit. Attach Form 8880 . 47		
	48 Child tax credit. Attach Schedule 8812, if required 48		
	49 Residential energy credits. Attach Form 5695 49		
	50 Other credits from Form: a 3800 b 8801 c 50	24.22	
	51 Add lines 45 through 50. These are your total credits	. 51	
		▶ 52	
	53 Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule NEC, line		
ther	55 Tax on income not enectively connected with a 0.5, trade or business from page 4, Schedule NEC, line 54 Self-employment tax. Attach Schedule SE (Form 1040)	. 54	
axes			
	55 Unreported social security and Medicare tax from Form: a 4137 b 8919	55	
	56 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 57 Transportation tax (see instructions)		
	57 Transportation tax (see instructions)	. 57	
	58a Household employment taxes from Schedule H (Form 1040)	. 58a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	. 58b	
	59 Taxes from: a Form 8959 b Instructions; enter code(s)	59	
	60 Add lines 52 through 59. This is your total tax	▶ 60	
avments	61 Federal income tax withheld from:		
ayments	a Form(s) W-2 and 1099 61a	and the second	
	b Form(s) 8805		
3	c Form(s) 8288-A	-3676	
	d Form(s) 1042-S 61d	NO. TO ALL	
	62 2013 estimated tax payments and amount applied from 2012 return 62	The second	
	63 Additional child tax credit. Attach Schedule 8812 63	32 E	
	64 Amount paid with request for extension to file (see instructions) . 64	and the	
	65 Excess social security and tier 1 RRTA tax withheld (see instructions) 65	PAR	
	66 Credit for federal tax paid on fuels. Attach Form 4136 66	100	
	67 Credits from Form: a 2439 b Reserved c 8885 d 67	212	
	68 Credit for amount paid with Form 1040-C	13 3 BL	
	69 Add lines 61a through 68. These are your total payments	▶ 69	
	70 If line 69 is more than line 60, subtract line 60 from line 69. This is the amount you overpa		
Refund	71a Amount of line 70 you want refunded to you. If Form 8888 is attached, check here .	_	
irect deposit?			
ee	B Housing Humber	igs	
nstructions.	d Account number	A STATE OF	
	e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it he	ere.	
10			
	72 Amount of line 70 you want applied to your 2014 estimated tax ► 72	Sec. Mark	1
	73 Amount you owe. Subtract line 69 from line 60. For details on how to pay, see instructions	▶ 73	
	73         Amount you owe. Subtract line 69 from line 60. For details on how to pay, see instructions           74         Estimated tax penalty (see instructions)	A STATE AND	
ou Owe	73         Amount you owe. Subtract line 69 from line 60. For details on how to pay, see instructions           74         Estimated tax penalty (see instructions)	► 73 Yes. Complete b	elow.
ou Owe	73 Amount you owe. Subtract line 69 from line 60. For details on how to pay, see instructions           74 Estimated tax penalty (see instructions)         74             Do you want to allow another person to discuss this return with the IRS (see instructions)?         [	A STATE AND	elow.
'ou Owe 'hird Party	73 Amount you owe. Subtract line 69 from line 60. For details on how to pay, see instructions         74 Estimated tax penalty (see instructions)         75 Do you want to allow another person to discuss this return with the IRS (see instructions)?         Phone	Yes. Complete b	elow.
You Owe Third Party Designee	73 Amount you owe. Subtract line 69 from line 60. For details on how to pay, see instructions         74 Estimated tax penalty (see instructions)       174         Do you want to allow another person to discuss this return with the IRS (see instructions)?         Designee's name ▶       Phone not	Yes. Complete b paral identification ber (PIN) ▶ ts, and to the best of m	y knowledge an
You Owe Third Party Designee	73 Amount you owe. Subtract line 69 from line 60. For details on how to pay, see instructions         74 Estimated tax penalty (see instructions)         Do you want to allow another person to discuss this return with the IRS (see instructions)?         Designee's name ▶	Yes. Complete b paral identification ber (PIN) ▶ ts, and to the best of m	y knowledge an
You Owe Third Party Designee Sign Here	73 Amount you owe. Subtract line 69 from line 60. For details on how to pay, see instructions         74 Estimated tax penalty (see instructions)       174         Do you want to allow another person to discuss this return with the IRS (see instructions)?         Designee's name ▶       Phone not	Yes. Complete b onal identification ts, and to the best of m on of which preparer has If the IRS sent you	y knowledge an s any knowledge an identity
You Owe Third Party Designee Sign Here eep a copy of	73 Amount you owe. Subtract line 69 from line 60. For details on how to pay, see instructions         74 Estimated tax penalty (see instructions)       74           Do you want to allow another person to discuss this return with the IRS (see instructions)?       74           Designee's name >       Phone not	Yes. Complete b         onal identification         terr (PIN)         b         ts, and to the best of m         of which preparer has         If the IRS sent you         Protection PIN, en	y knowledge an s any knowledge an Identity
Amount You Owe Third Party Designee Sign Here Keep a copy of his return for our records.	73 Amount you owe. Subtract line 69 from line 60. For details on how to pay, see instructions         74 Estimated tax penalty (see instructions)       74           Do you want to allow another person to discuss this return with the IRS (see instructions)?       74           Designee's name >       Phone not	Yes. Complete b onal identification ts, and to the best of m on of which preparer has If the IRS sent you	y knowledge an s any knowledge an Identity
You Owe Third Party Designee Bign Here Keep a copy of his return for our records.	73 Amount you owe. Subtract line 69 from line 60. For details on how to pay, see instructions         74 Estimated tax penalty (see instructions)       74           Do you want to allow another person to discuss this return with the IRS (see instructions)?       Pail         Designee's name ▶       Phone no. ▶         Durder penalties of perjury, I declare that I have examined this return and accompanying schedules and statement belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informatic Your signature         Date       Your occupation in the United States	Yes. Complete b     brail identification     trs, and to the best of m     of which preparer har     if the IRS sent you     Protection PIN, en     (see inst.)	y knowledge an s any knowledge an Identity ter it here
You Owe Third Party Designee Sign Here Lieep a copy of his return for our records. Paid	73 Amount you owe. Subtract line 69 from line 60. For details on how to pay, see instructions         74 Estimated tax penalty (see instructions)       74           Do you want to allow another person to discuss this return with the IRS (see instructions)?       Phone         Designee's name ▶       Phone         Duder penalties of perjury, I declare that I have examined this return and accompanying schedules and statement belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informatic Your signature         Date       Your occupation in the United States	Yes. Complete b anal identification ber (PIN) ts, and to the best of m on of which preparer has fif the IRS sent you Protection PIN, en (see inst.) Check i if	y knowledge an s any knowledge an Identity ter it here
You Owe Third Party Designee Bign Here eep a copy of his return for our records.	73 Amount you owe. Subtract line 69 from line 60. For details on how to pay, see instructions         74 Estimated tax penalty (see instructions)       74           Do you want to allow another person to discuss this return with the IRS (see instructions)?       Pail         Designee's name ▶       Phone no. ▶         Durder penalties of perjury, I declare that I have examined this return and accompanying schedules and statement belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informatic Your signature         Date       Your occupation in the United States	Yes. Complete b     brail identification     trs, and to the best of m     of which preparer har     if the IRS sent you     Protection PIN, en     (see inst.)	y knowledge and s any knowledge an Identity ter it here



Schedule A-	-Iter	nized Deductions (see instructions)		07
Taxes You				
Paid	1	State and local income taxes	1	
Gifts		Caution: If you made a gift and received a benefit in return, see instructions.	-13	
to U.S.	2	Gifts by cash or check. If you made any gift of \$250 or more,	ERE	
Charities	-	see instructions		
	3	Other than by cash or check. If you made any gift of \$250 or	100	
		more, see instructions. You must attach Form 8283 if the	and the second	
		amount of your deduction is over \$500	1.44	
			19 22	
	4	Carryover from prior year	(SAR)	
	5	Add lines 2 through 4	5	
Casualty and				
Theft Losses	6	Casualty or theft loss(es). Attach Form 4684. See instructions	6	
Job	7	Unreimbursed employee expenses—job travel, union dues,		
Expenses and Certain		job education, etc. You must attach Form 2106 or Form 2106-EZ if required. See instructions ►	100	
Miscellaneous		7	and the second	
Deductions				
	8	Tax preparation fees		
	9	Other expenses. See instructions for expenses to deduct here. List type and amount >		
		9	State-	
	10	Add lines 7 through 9		
	11	Enter the amount from Form		
		1040NR, line 37 11		
			1.1.1	
	12	Multiply line 11 by 2% (.02)		
	13	Subtract line 12 from line 10. If line 12 is more than line 10, enter -0	13	
Other	14	Other-see instructions for expenses to deduct here. List type and amount >		
Miscellaneous			The the	
Deductions			The second	
			a she	
			(学生)	
			and the second se	
	45	In Former (AJAND) Base A7 more the encount of the former to the Allow the Allow	14	
Total	15	Is Form 1040NR, line 37, over the amount shown below for the filing status box you checked on page 1 of Form 1040NR:		
Itemized Deductions		• \$300,000 if you checked box 6,		
Deductions		\$250,000 if you checked box 0,		
		• \$150,000 if you checked box 3, 4, or 5?	Sec.	
		No. Your deduction is not limited. Add the amounts in the far right column for lines 1		
		through 14. Also enter this amount on Form 1040NR, line 38.		
		☐ Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter here and on Form 1040NR, line 38.	15	

Embassy Tax Services

		Schedule NEC—Tax on Income	Not Effective	ely Co										
					Enter amou	nt of i	ncome under	the ap	propriate rate	of tax	(see instruction	-/		
		Nature of income			(a) 10%		<b>(b)</b> 15%	6	(c) 30%		(		(specify)	
_							.,					%		%
1	Dividends paid by:													
а				1a										
b	Foreign corporation:	s		1b										
2	Interest:													
а				2a										
b		orations		2b										
c				2c										
3		oatents, trademarks, etc.)		3										
4		V. copyright royalties		4										
5		rights, recording, publishing, etc.)		5										
6		e and natural resources royalties		6										
7		ies		7										
8	Social security bene	fits		8										
9		e 18 below		9										
10	Gambling-Residen	ts of Canada only. Enter net income in col	umn (c).		50 30		San Har House		There are the	11 Ch				a lain
	If zero or less, ente	r -0			学校学校の推測		The state beauty					1		
а	Winnings				and the second		Carlo State	100	No. of the second second	Br.S.		1000		
b	Losses			10c		547	the Section	1000						and a
11	Gambling winnings-	-Residents of countries other than Canada	a.			ALC: NO	Contract And		の一日本語	1	Ale the faith	1.00		The
	Note. Losses not all	owed		11			A STATE OF THE	1-01						12 P
12	Other (specify)													
				12							1			
13	Add lines 1a through	12 in columns (a) through (d)		13										1
14	Multiply line 13 by	ate of tax at top of each column		14						<u> </u>				1
15	Tax on income no	t effectively connected with a U.S. tr	ade or busine	ess. A	dd columns	(a) t	nrough (d) of	line 1	4. Enter the	total	here and on			-
	Form 1040NR, line	53									🕨	15		1
			ns and Losse											
xchang ources tates	and not effectively	16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired (mo., day, y	1., 1	(c) Date sold (mo., day, y		(d) Sales p	rice	(e) Cost or o basis	ther	(f) LOSS If (e) is mor than (d), subtra from (e)		(g) GAIN If (d) is more than (e), subtrac from (d)	e
	ed with a U.S. business. Include a gain or loss on													Γ
sposir	ng of a U.S. real													
ains ar	nd losses on Schedule D													-
orm 1	735 25													1
xchang	property sales or ges that are effectively													1
	ed with a U.S. business edule D (Form 1040),	17 Add columns (f) and (g) of line 16								17				1
arm 4	797, or both.	18 Capital gain. Combine columns (f	and (g) of line	e 17. I	Enter the net	gain	here and on	line 9	above (if a lo	ass A	nter -0-)	18		1

Form 1040NR (2013)



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Answer a	Il questions
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_		Answer all questions					
A	Of what country or countries were you a citizen o	r national during the tax year?					
в	In what country did you claim residence for tax purposes during the tax year?						
2	Have you ever applied to be a green card holder	(lawful permanent resident) of the United States? Yes 🗌 N					
D	Were you ever:         1. A U.S. citizen?         Yes         No           2. A green card holder (lawful permanent resident) of the United States?         Yes         No           If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.         Yes         No						
	If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year.						
	Have you ever changed your visa type (nonimmig If you answered "Yes," indicate the date and natu	grant status) or U.S. immigration status?					
9	List all dates you entered and left the United States during 2013 (see instructions). Note. If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, check the box for Canada or Mexico and skip to item H						
	Date entered United States Date departed United mm/dd/yy mm/dd/yy	d States Date entered United States Date departed United States mm/dd/yy mm/dd/yy					
1	Give number of days (including vacation, nonwor 2011 , 2012 Did you file a U.S. income tax return for any prior If "Yes," give the latest year and form number you						
	in rea, give the latest year and form hariber yea						
J	Are you filing a return for a trust?	mer under the grantor trust rules, make a distribution or loan to a					
	If "Yes," did the trust have a U.S. or foreign ow U.S. person, or receive a contribution from a U.S.	ner under the grantor trust rules, make a distribution or loan to a , person?					
<	If "Yes," did the trust have a U.S. or foreign ow U.S. person, or receive a contribution from a U.S. Did you receive total compensation of \$250,000 of If "Yes," did you use an alternative method to det Income Exempt from Tax—If you are claiming e foreign country, complete (1) and (2) below. See f	ner under the grantor trust rules, make a distribution or loan to a . person?					
<	If "Yes," did the trust have a U.S. or foreign ow U.S. person, or receive a contribution from a U.S. Did you receive total compensation of \$250,000 d If "Yes," did you use an alternative method to det Income Exempt from Tax—If you are claiming e foreign country, complete (1) and (2) below. See F 1. Enter the name of the country, the applicable	iner under the grantor trust rules, make a distribution or loan to a         . person?					
¢	If "Yes," did the trust have a U.S. or foreign ow U.S. person, or receive a contribution from a U.S. Did you receive total compensation of \$250,000 d If "Yes," did you use an alternative method to det Income Exempt from Tax—If you are claiming e foreign country, complete (1) and (2) below. See F 1. Enter the name of the country, the applicable	ner under the grantor trust rules, make a distribution or loan to a . person?					
¢	If "Yes," did the trust have a U.S. or foreign ow U.S. person, or receive a contribution from a U.S. Did you receive total compensation of \$250,000 of If "Yes," did you use an alternative method to det Income Exempt from Tax—If you are claiming e foreign country, complete (1) and (2) below. See f 1. Enter the name of the country, the applicable benefit, and the amount of exempt income in t	Import under the grantor trust rules, make a distribution or loan to a         , person?       Yes         Import more during the tax year?       Yes         Import more information on tax treats       Yes         Import more information more information on tax treats       Yes         Import more information more information more information more informa					
<	If "Yes," did the trust have a U.S. or foreign ow U.S. person, or receive a contribution from a U.S. Did you receive total compensation of \$250,000 of If "Yes," did you use an alternative method to det Income Exempt from Tax—If you are claiming e foreign country, complete (1) and (2) below. See f 1. Enter the name of the country, the applicable benefit, and the amount of exempt income in t	Import under the grantor trust rules, make a distribution or loan to a         , person?       Yes         Import more during the tax year?       Yes         Import more information on tax treats       Yes         Import more information more information on tax treats       Yes         Import more information more information more information more informa					
J	If "Yes," did the trust have a U.S. or foreign ow U.S. person, or receive a contribution from a U.S. Did you receive total compensation of \$250,000 of If "Yes," did you use an alternative method to det Income Exempt from Tax—If you are claiming e foreign country, complete (1) and (2) below. See f 1. Enter the name of the country, the applicable benefit, and the amount of exempt income in t	Import under the grantor trust rules, make a distribution or loan to a         , person?       Yes         Import more during the tax year?       Yes         Import more information on tax treats       Yes         Import more information more information on tax treats       Yes         Import more information more information more information more informa					
<	If "Yes," did the trust have a U.S. or foreign ow U.S. person, or receive a contribution from a U.S. Did you receive total compensation of \$250,000 of If "Yes," did you use an alternative method to det Income Exempt from Tax—If you are claiming e foreign country, complete (1) and (2) below. See f 1. Enter the name of the country, the applicable benefit, and the amount of exempt income in t	Import under the grantor trust rules, make a distribution or loan to a         . person?					



### Resources

- www.irs.gov IRS web site
- IRS Publication 519 US Tax Guide for Aliens
- IRS Publication 901 US Tax Treaties



**Taxation of US Citizens** 

# **Questions**?



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