US Tax Information for Diplomatic Families at the Swiss Embassy

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Disclosure

This presentation has been prepared by Embassy Tax Services LLC.

The information in this presentation is current as of October 2018 and is intended to be of a general nature. The presentation is not intended to address the facts or situation pertaining to any particular individual. It should not be viewed as legal, tax or investment advice. If advice is needed please consult with a professional tax advisor.



Agenda

- Vienna Conventions Exemptions from US Tax
- Social Security numbers and ITIN numbers
- Working in the US
 - Wages
 - Employee Withholding
- Investing in the US
 - Tax Treaty
 - Interest and Dividend income
 - Rental Property
 - 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.



| | plication for a Sc | cial Sc | <u>curity (</u> | Jaru | *************************************** | | | OMB No. 0960-0066 |
|--------|---|---|--|--|---|--|---------------------------------|---|
| | NAME TO BE SHOWN ON CARD | First | | | Full Middle Nar | me | Last | |
| 1 | FULL NAME AT BIRTH IF OTHER THAN ABOVE | First | | | Full Middle Nar | ne | Last | |
| | OTHER NAMES USED | | | | | | | |
| 2 | Social Security number previous listed in item 1 | usly assigned | to the perso | on _ | |]-[| | |
| 3 | PLACE OF BIRTH | | | | Office Use Only | 4 0 | OATE OF BIRTH | MM/DD/YYYY |
| 5 | (Do Not Abbreviate) City CITIZENSHIP | | te or Foreign Co J.S. Citizen | Legal Allowe | | Legal / | Alien Not Allo rk(See | owed Other (Se |
| | (Check One) ETHNICITY | RACI | = | | ative Hawaiiar | | tions On Pag nerican India | DH - D- 16 |
| 6 | Are You Hispanic or Latino? (Your Response Is Voluntary) Yes No | 7 Select On | 140 | ary) Al | aska Native sian | □ Bla | ack/African nerican | ☐ Islander |
| 8 | SEX | N | lale | Fem | ale | | | |
| • | A. PARENT/ MOTHER'S NAME AT HER BIRT | First H | | Full N | Middle Name | | Last | |
| 9 | B. PARENT/ MOTHER'S SECURITY NUMBER | SOCIAL | s for 0 R on Po | 10.31 | П-Г | <u> </u> | | Unknown |
| _ | A. PARENT/ FATHER'S NAME | First | S TOF 9 B OIT Pa | | Middle Name | | Last | |
| 0 | B. PARENT/ FATHER'S NUMBER (See instructions | | | | | _[| | Unknow |
| 1 | Has the person listed in item 1 card before? Yes (If "yes" answer questions 12 | | ting on his/h | | er filed for | | | |
| 2 | Name shown on the most rece Security card issued for the pe listed in item 1 | | First | | | Full Middle | Name | Last |
| 3 | Enter any different date of birth earlier application for a card | if used on a | n | | <u></u> | MM/DD/ | YYYY | |
| 4 | TODAY'S | | | ME PHON | | | | |
| - | DATE MM/DD/YY | YY | NUMB | | | Area Code | Route No. | Number |
| | | | | Sireel Address | , Apt. No., PO | Dox, Rural | | |
| | MAILING ADDRESS (Do Not Abbreviate) | city | | St | ate/Foreign C | Country | | ZIP Code |
| | (Do Not Abbreviate) I declare under penalty of perjury the | at I have exam | ned all the info | St | ate/Foreign C | Country | | |
| 6 | (Do Not Abbreviate) | at I have exam | ined all the info | St ormation on th | ate/Foreign C nis form, and NSHIP TC | on any acc | companying | statements or forms |
| 6 7 | (Do Not Abbreviate) I declare under penalty of perjury the and it is true and correct to the best | at I have examine to my knowled | ned all the info | Stormation on the RELATIOI Natural Or Adoptive Par | ate/Foreign C nis form, and NSHIP TO rent Lega | on any acc | companying ERSON | IN ITEM 1 IS: |
| 6 7 | (Do Not Abbreviate) I declare under penalty of perjury thand it is true and correct to the best YOUR SIGNATURE OT WRITE BELOW THIS LINE (FOR S | at I have examine to my knowless 1. SSA USE ONLY | Property of the information of t | Stormation on the RELATIOI Natural Or Adoptive Par | ate/Foreign C nis form, and NSHIP TO rent Lega | on any acc | ERSON | IN ITEM 1 IS: |
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| 6 7 | (Do Not Abbreviate) I declare under penalty of perjury thand it is true and correct to the best YOUR SIGNATURE OT WRITE BELOW THIS LINE (FOR SEVI | at I have examine to my knowless 1. SSA USE ONLY | Property of the information of t | Stormation on the RELATIOI Natural Or Adoptive Par | ate/Foreign C nis form, and NSHIP TC rent Lega CAN NWR SIGNATURE | on any accountry THE P Guardian DN E AND TITLE | ERSON Other S | IN ITEM 1 IS: pecify ITV UNIT E(S) REVIEWING |



Form (Rev. August 2013) Department of the Treasury

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

| Internal Revenue Service | | See msu ucuons | • | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|--|--|--|
| An IRS individual | taxpayer identification number (ITIN) | is for federal tax | purposes only. | FOR IRS USE ONLY | | | | | | | | |
| Before you begin: | | | | | | | | | | | | |
| • Do not submit t | his form if you have, or are eligible to get | , a U.S. social sec | curity number (SS | N). | | | | | | | | |
| | loes not change your immigration status | | ork in the United | States | | | | | | | | |
| | you eligible for the earned income cred | | | | | | | | | | | |
| | | | | k. Caution: If you check box b, c, d | | | | | | | | |
| | ust file a tax return with Form W-7 | - | et one of the e | xceptions (see instructions). | | | | | | | | |
| | alien required to get ITIN to claim tax treaty b | enefit | | | | | | | | | | |
| | 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 | | | | | | | | | | | | |
| | | | claiming an exception | n | | | | | | | | |
| | pouse of a nonresident alien holding a U.S. v | isa | | | | | | | | | | |
| h Other (see in | structions) F formation for a and f: Enter treaty country F | | and treaty artic | -l | | | | | | | | |
| | 1a First name | Middle name | and treaty artic | Last name | | | | | | | | |
| Name (see instructions) | | l madio namo | | Last Harris | | | | | | | | |
| Name at birth if | 1b First name | Middle name | | Last name | | | | | | | | |
| different ▶ | | | | | | | | | | | | |
| 2 12 12 | 2 Street address, apartment number, or ru | ral route number. If | you have a P.O. bo | ox, see separate instructions. | | | | | | | | |
| Applicant's | | | | | | | | | | | | |
| mailing address | City or town, state or province, and country. Include ZIP code or postal code where appropriate. | | | | | | | | | | | |
| Foreign (non- | 2 Street address apartment number or n | ral route number. | la natura a B O h | av numbar | | | | | | | | |
| U.S.) address | 3 Street address, apartment number, or rural route number. Do not use a P.O. box number. | | | | | | | | | | | |
| (if different from | City or town, state or province, and country. Include ZIP code or postal code where appropriate. | | | | | | | | | | | |
| above) (see instructions) | only of town, oracle of provinces, and occur | , | ac or poorar code in | The supplication | | | | | | | | |
| Birth | 4 Date of birth (month / day / year) Country of | f birth | City and state or p | rovince (optional) 5 Male | | | | | | | | |
| information | | | | Female | | | | | | | | |
| Other | 6a Country(ies) of citizenship 6b Foreig | n tax I.D. number (it | fany) 6c Type o | f U.S. visa (if any), number, and expiration date | | | | | | | | |
| information | | | | | | | | | | | | |
| | 6d Identification document(s) submitted (se | e instructions) | Passport | Driver's license/State I.D. | | | | | | | | |
| | ☐ USCIS documentation ☐ Other | | | Date of entry into the | | | | | | | | |
| | | | | United States | | | | | | | | |
| | Issued by: No.: | Exp. d | | (MM/DD/YYYY) / / | | | | | | | | |
| | 6e Have you previously received a Internal | Revenue Service N | umber (IRSN) or emp | ployer identification number (EIN)? | | | | | | | | |
| | No/Do not know. Skip line 6f. | | | (ltt) | | | | | | | | |
| | Yes. Complete line 6f. If more than 6f Enter: IRSN or EIN ▶ | one, list on a sneet | and attach to this ic | and | | | | | | | | |
| | Name under which it was issued | | | and | | | | | | | | |
| | 6g Name of college/university or company | (see instructions) | | | | | | | | | | |
| | City and state | | Length of st | ay | | | | | | | | |
| | Under penalties of perjury, I (applicant/delegate | a/acceptance agent) | declare that I have e | examined this application, including accompanying | | | | | | | | |
| Sign | documentation and statements, and to the best of acceptance agent returns or return information ne | f my knowledge and becessary to resolve ma | pelief, it is true, correct atters regarding the as | , and complete. I authorize the IRS to disclose to m signment of my IRS individual taxpayer identification | | | | | | | | |
| Here | number (ITIN), including any previously assigned t | axpayer identifying nu | mber. | | | | | | | | | |
| | Signature of applicant (if delegate, see | nstructions) | Date (month / day / | year) Phone number | | | | | | | | |
| | \ | | | | | | | | | | | |
| y go sporter and a support | Name of delegate 16 and the feature | neint) | / / Delegate's relationsh | in A Decemb C Continued | | | | | | | | |
| Keep a copy for your records. | Name of delegate, if applicable (type or | print) | to applicant | Parent Court-appointed guardian Power of Attorney | | | | | | | | |
| your records. | Signature | | Date (month / day / | | | | | | | | | |
| Acceptance | 0.3 | | / / | Fax | | | | | | | | |
| Agent's | Name and title (type or print) | Name of c | ompany | EIN PTIN | | | | | | | | |
| Use ONLY | | | | Office Code | | | | | | | | |



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.



Working in the U.S. - Wages

If you work outside of the embassy, 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 provided by the Vienna Conventions does not extend to income earned outside of your official capacity in the embassy.

- 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 31st.



Filling out Form W-4

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 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 night owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for

only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. **Employee's Withholding Allowance Certificate** OMB No. 1545-0074 W-4 ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is Department of the Treasury subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. Internal Revenue Service Your first name and middle initial Your social security nu FIRST NAME LAST NAME 000-00-0000 Home address (number and street or rural route) 3 Single Married Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate." STREET ADDRESS City or town, state, and ZIP code 4 If your last name differs from that shown on your social security card. CITY, STATE ZIP CODE check here. You must call 800-772-1213 for a replacement card. Total number of allowances you're claiming (from the applicable worksheet on the following pages) Additional amount, if any, you want withheld from each paycheck I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and . This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. Employee's signature (This form is not valid unless you sign it.) ▶ Date > 8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) Employer identification number (EIN) 9 First date of



FORM MW 507

pay. Consider completing a new Form MW507 each year necessity of filing a Maryland income tax return. and when your personal or financial situation changes.

Basic Instructions. Enter on line 1 below, the number of personal exemptions that you will be claiming on your tax return; however, if you wish to claim more more than \$100,000 If you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based upon itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

Additional withholding per pay period under agreement with employer. If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

Exemption from withholding. You may be entitled to claim an exemption from the withholding of Maryland income tax if:

- a, last year you did not owe any Maryland income tax and had a right to a full refund of any tax withheld
- b. this year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.

If you are eligible to claim this exemption, complete line 3 and your employer will not withhold Maryland income tax from your wages.

Students and Seasonal Employees whose annual income will be below the minimum filing requirements

FORM

MW 507

can withhold the correct Maryland income tax from your more income throughout the year and avoids the this certificate with your records. You are required to

Certification of nonresidence in the State of Maryland. Complete line 4. This line is to be completed by residents of the District of Columbia, Pennsylvania, Virginia or West Virginia who are employed in Maryland 1, you have any reason to believe this certificate is exemptions, or if your adjusted gross income will be and who do not maintain a place of abode in Maryland for 183 days or more.

> Line 4 is NOT to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled In West Virginia, you are not required to pay Maryland Once a certificate is revoked by the Comptroller, income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland Income tax on your wages if (I) your spouse is a member of the armed forces present in of the following year. Maryland in compliance with military orders; (ii) you are Duties and responsibilities of employee. If, on any present in Maryland solely to be with your spouse and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile military identification card to Form MW507. In addition, employer within 10 days after the change occurs. you must also complete and attach Form MW507M.

Purpose, Complete Form MW507 so that your employer should claim exemption from withholding. This provides Duties and responsibilities of employer. Retain submit a copy of this certificate and accompanying attachments to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:

- incorrect:
- 2, the employee claims more than 10 exemptions;
- 3, the employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week;
- 4. the employee claims an exemption from withholding on the basis of nonresidence; or
- 5. the employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW507), the Compliance Division will make a determination and notify you if a change is required.

the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 or 5 above, a new exemption certificate must be filed by February 15th

day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the (legal residence) on line 5; enter "EXEMPT" in the box withholding exemption certificate in effect, the employee to the right on line 5; and attach a copy of your spousal shall file a new withholding exemption certificate with the

| rnnt ion name | | addial addurity number | | |
|---------------------------|--|-----------------------------------|------|----------------|
| Street Address, City, Sta | te, Zlp | County of residence (or Baltimore | City |) |
| Single | ☐ Married (surviving spouse or unmarried Head of Household) Rate | ☐ Married, but withh | old | at Single Rate |
| 1. Total number of | exemptions you are claiming not to exceed line f in Personal Exemption Worksheet | on page 2 | 1. | |
| 2. Additional withh | nolding per pay period under agreement with employer | | 2. | \$ |
| | | Carrier value of the second | | |

Employee's Maryland Withholding Exemption Certificate

| ☐ Single | I warned (sorviving spec | ase or orimarrison | read of fideseriold) hate | Li Marrico, bot with | iolu | at unigit hate |
|-----------------------------|------------------------------|----------------------|---|-----------------------------|------|----------------|
| 1. Total number of exemp | ions you are claiming not to | exceed line f in F | Personal Exemption Worksheet of | on page 2 | 1. | |
| 2. Additional withholding | per pay period under agreer | nent with employe | er | | 2. | \$ |
| 3. I claim exemption from v | vithholding because I do not | expect to owe Mar | ryland tax, See instructions above | and check boxes that apply. | | |
| a. Last year I did no | t owe any Maryland Income | tax and had a rigi | ht to a full refund of all income ta | ax withheld and | | |
| | | | expect to have the right to a full re will be below the minimum filing | | | |
| | | | ve). Enter "EXEMPT" here | | 3. | |
| 4. I claim exemption from | withholding because I am do | omiciled in one of t | he following states. Check state | that applies. | | |
| ☐ District of Columbia | ☐ Pennsylvania | ☐ Virginia | ☐ West Virginia | | | |
| I further certify that I do | not maintain a place of abo | ode in Maryland as | s described in the instructions at | ove. Enter "EXEMPT" here | 4. | |
| | | | nd am not subject to Maryland warmended by the Military Spouse | | | |
| | | | | | 5. | |

| Under penalties of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exer exempt status on line 3, line 4 or line 5, whichever applies. | mption from withholding, that I am entitled to claim the |
|--|--|
| Employee's signature | Date |
| Employer's name and address including zip code (For employer use only) | Federal employer (dentification number |



FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

| 2. | If you a on his Write t | are married and you or her own certifica he number of depe | elf, write "1" or spouse is not claimed de, write "1" ndents you will be allowed to ((do not include your spouse). | claim | |
|-------|-------------------------------|--|---|--|--|
| 4. | Subtot | al Personal Exempl | ions (add lines 1 through 3) | | |
| 5. | Exemp | otions for age | | | |
| | (a) | | older on January 1, write "1" | | |
| | (b) | | exemption on line 2 and your on January 1, write "1" | | |
| 6. | Exemp | otions for blindness | on January 1, write 1 | ······································ | - |
| .T.O. | (a) | | olind, write "1" | | |
| | (b) | | exemption on line 2 and your plind, write "1" | | |
| 7. | Subtot | al exemptions for a | ge and blindness (add lines 5 | through 6) | |
| 8. | Total o | f Exemptions - add | line 4 and line 7 | | |
| | RM VA | | re and give the certificate to your S VIRGINIA INCOME TAX WINDOWN | 48 B /Ai Ai A | |
| | | | 300 New 2018-2003 | | |
| Str | eet Addr | ess | | | |
| Cit | у | | | State | Zip Code |
| - | | Subtotal of Person | E LINES BELOW nter the number of exemption nal Exemptions - line 4 of the on Worksheet | | |
| | (b) | | otions for Age and Blindness onal Exemption Worksheet | | |
| | (c) | Total Exemptions | - line 8 of the Personal Exem | ption Worksheet | |
| 2. | Enter t | he amount of additi | onal withholding requested (s | ee instructions) | ······································ |
| 3. | | | ect to Virginia withholding. I m | | ck here) |
| 4. | | | ect to Virginia withholding. I m r Civil Relief Act, as amended | | _ |
| | Reside | ency Relief Act | | (che | ck here) |
| | nature | V | A | # | Date |



| Government of the District of Columbia | Enter Year | D-4 DC Withholding Allowance Certificate | |
|---|---|---|-----------|
| ial security number or first name | | M.L. Last name | |
| me address (number and street) | | | |
| | | State Zip code +4 | |
| Tax filing status Fill in on | ly one: Single Ma | arried/domestic partners filing jointly Married filing separately hold Married/domestic partners filing separately on same ret | |
| Total number of withho | lding allowances from wor | ksheet below. | |
| Enter total from Sec. A, I | Line i Enter tot | tal from Sec. B, Line o Total number of withholding a | llowances |
| Additional amount, if ar | ny, you want withheld from | each paycheck | |
| Before claiming exempt | tion from withholding, read | below. If qualified, write "EXEMPT" in this box. | |
| My domicile is a state o | ther than the District of Co | lumbia Yes No If yes, give name of state of domicile | |
| not expect to owe any DC in | | tax and had a right to a full refund of all DC income tax withheld from me; and t nd of all DC income tax withheld from me; and I qualify for exempt status on fede If ull-time student? Yes No | |
| ployer's signature ployer Keep this certificate with ase send a copy to: Office of Ta: D | h your records. If 10 or more exer x and Revenue, 1101 4th St., SW, letach and give the top portion t | imptions are claimed or if you suspect this certificate contains false information. Washington, DC 20024 Attn: Compliance Administration to your employer. Keep the bottom portion for your records. | |
| Government of the District of Columbia | 0-4 DC Withholdin | g Allowance Worksheet | |
| ction A Number of withho | olding allowances | | |
| Enter 1 for yourself | | | a |
| Enter 1 if you are filing as a h | ead of household | | ь |
| Enter 1 if you are 65 or over | | | c |
| Enter 1 if you are blind | | | d |
| Enter number of dependents | s | | e |
| Enter 1 for your spouse/regis | stered domestic partner if filing | g jointly | f |
| Enter 1 if married/registered | domestic partners filing jointl | ly and your spouse/registered domestic partner is 65 or over | g |
| Enter 1 if married/registered | domestic partners filing jointl | ly and your spouse/registered domestic partner is blind | h |
| Number of allowances Add | | on Line 2 above. If you want to claim additional withholding | 1 |
| ction R. Additional withho | Iding allowances | | |



Enter estimate of your itemized deductions

o Add Lines n and i and enter on Line 2 above.

m Multiply \$1,675 by the number of allowances on Line i

n Divide Line I by Line m. Round to the nearest whole number.

I Subtract Line k from Line j

k Enter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000

| 22222 | a Employee's social security number | OMB No. 154 | 5-0008 | |
|--|-------------------------------------|----------------|--|--------------------------------------|
| b Employer identification number | per (EIN) | | 1 Wages, tips, other compensation | 2 Federal income tax withheld |
| c Employer's name, address, a | nd ZIP code | | 3 Social security wages | 4 Social security tax withheld |
| | | | 5 Medicare wages and tips | 6 Medicare tax withheld |
| | | | 7 Social security tips | 8 Allocated tips |
| d Control number | | | 9 Verification code | 10 Dependent care benefits |
| e Employee's first name and in | itial Last name | Suff. | 11 Nonqualified plans 13 Statutory employee plan Third-party sick pay 14 Other | 12a 12b 12c 12c |
| f Employee's address and ZIP 15 State Employer's state ID | | 17 State incom | e tax 18 Local wages, tips, etc. | 19 Local income tax 20 Locality name |

Form W-2 Wage and Tax Statement

2017

Department of the Treasury-Internal Revenue Service

Copy 1-For State, City, or Local Tax Department



Employee Business Expenses

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 W-8BEN

(Rev. February 2014) Department of the Treasury Internal Revenue Service Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

► For use by individuals, Entities must use Form W-8BEN-E.

▶ Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben. ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

| Do N | OT use this form if: Instead, use Form |
|--------|--|
| • You | are NOT an individual |
| • You | are a U.S. citizen or other U.S. person, including a resident alien individual |
| • You | are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. |
| (oth | er than personal services) |
| • You | are a beneficial owner who is receiving compensation for personal services performed in the United States |
| • A pe | erson acting as an intermediary |
| Par | Identification of Beneficial Owner (see instructions) |
| 1 | Name of individual who is the beneficial owner 2 Country of citizenship |
| 3 | Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. |
| | City or town, state or province. Include postal code where appropriate. |
| 4 | Mailier address (if different from about) |
| 4 | Mailing address (if different from above) |
| | City or town, state or province. Include postal code where appropriate. Country |
| | |
| 5 | U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) 6 Foreign tax identifying number (see instructions) |
| 7 | Reference number(s) (see instructions) 8 Date of birth (MM-DD-YYYYY) (see instructions) |
| Par | Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see 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: |
| | |
| Par | Certification |
| | 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 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. |

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

Sign Here

Date (MM-DD-YYYY)

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.
- Switzerland has a tax treaty with the US. In order to qualify for the lower tax treaty rates, you must qualify as a resident of Switzerland.
- 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.



| Form 1042-S | Foreign Perso | on's U.S | . Source Income S | ubject t | o Withholdii | 1g 201 | 7 | OMB No. 1 | 545-0096 |
|--|--------------------|--------------|--|-------------------------------------|---------------------|------------------------|------------------|-----------------------|----------------------|
| Department of the Treasury Internal Revenue Service | ► Information abou | Form 1042 | -S and its separate instruction UNIQUE FORM IDEN | _ | ww.irs.gov/form10 | 42s. AMENDMENT | | Copy Internal Reve | |
| 1 Income 2 Gross income | 3 Chapter indic | cator. Ente | er "3" or "4" | 13e Rec | ipient's U.S. TIN | , if any | 13f Ch. | 3 status code | |
| code | 3a Exemption c | ode | 4a Exemption code | 1 | | | 13g Ch. | 4 status code | |
| | 3b Tax rate | | 4b Tax rate . | 13h Reci | pient's GIIN | | | ax identification | 13j LOB code |
| 5 Withholding allowance | | | | 1 | | number, if an | У | | |
| 6 Net income | | 7b Check | if tax not deposited with | 1 | | | | | |
| 7a Federal tax withheld | | IRS pursua | ant to escrow procedure | 13k Rec | ipient's account | number | | 13I Recipier | nt's date of birth |
| 8 Tax withheld by other age | ents | • | | 1 | | | | | 2 |
| 9 Tax paid by withholding a | gent | | | 14a Prim | ary Withholding A | gent's Name (if app | licable) | - W | |
| 10 Total withholding credit | | | | 1 | | | | | |
| 11 Amount repaid to recipie | ent | | | 14b Primary Withholding Agent's EIN | | | | | |
| 12a Withholding agent's EIN | N 12b | Ch. 3 status | code 12c Ch. 4 status code | 1 | | | 15 Check | if pro-rata basis | reporting |
| | | | | 15a Inte | rmediary or flow-th | rough entity's EIN, if | any 15b | Ch. 3 status code | 15c Ch. 4 status coo |
| 12d Withholding agent's na | me | | | 1 | | | | | |
| 12e Withholding agent's Glo | obal Intermediary | Identificati | on Number (GIIN) | 15d Inter | mediary or flow-th | rough entity's name | е | - | |
| | | | | 15e Inter | mediary or flow- | through entity's GI | IN | | |
| 12f Country code 12 | g Foreign taxpaye | r identifica | ition number, if any | 15f Cou | ntry code | 15g Foreign tax | identificati | on number, if a | ny |
| 12h Address (number and s | street) | | | 15h Add | lress (number ar | nd street) | | | |
| 12i City or town, state or pr | ovince, country, 2 | IP or forei | gn postal code | 15i City | or town, state o | r province, count | ry, ZIP or f | oreign postal c | ode |
| 13a Recipient's name | | 13b Re | cipient's country code | 16a Pay | er's name | | | 16b Payer | s TIN |
| 13c Address (number and street) | | | 16c Pay | yer's GIIN | | 16d Ch. | 3 status code 16 | e Ch. 4 status cod | |
| 13d City or town, state or province, country, ZIP or foreign postal code | | | | 17a Sta | te income tax w | ithheld 17b Pa | ayer's stat | e tax no. 17c | Name of state |
| or Privacy Act and Pap | erwork Reduc | tion Act | Notice, see instruction | ns. | | Cat. No. 11386R | | Form | 1042-S (201 |



Swiss/US Income Tax Treaty Rates

| Income Type | Treaty Article | Treaty Tax Rate | Comments |
|-----------------|----------------|-----------------|---------------------------------------|
| Dividend Income | 10 | 15% | |
| Interest Income | 11 | 0% | |
| Capital Gains | 13 | 0% | Does not include sales of real estate |



Capital Gains and Losses

Capital gains (not involving real estate)

- US/Swiss Tax Treaty Rate Article 13(5) = 0%
- 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



Sale of Your Residence in the US

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.



Sale of Your Residence in the US

FIRPTA – IRC 1441

- IRS requires 15% withholding on the sale of US real estate owned by nonresidents
- Sales of a personal residence for not more than \$300,000 are exempt from the withholding requirement
- The purchaser of the property is the withholding agent
- The withholding is sent to the IRS
- You can apply to eliminate or reduce the 15% withholding if the tax owed on the sale is less than the flat 15%
- File IRS Form 8288-B to request the reduction in withholding



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
- 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 15th
- 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.



Resources

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



Questions?

