

Last or family name First Middle initial

Visa # Passport #

Date of birth: (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_ Telephone # E-mail address

Were you a U.S. citizen or resident alien the entire year?  Yes  No Were you ever a U.S. citizen?  Yes  No

U.S. local street address

City State Zip code

Foreign residence address

Address line 2

Foreign country Province/County Postal code

Country of citizenship Country that issued passport

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

If "YES", is it recognized by the state where you will be filing?  Yes  No

Are you a U.S. National Resident of Canada Resident of Mexico Resident of South Korea Resident of India  
 Yes  No  Yes  No  Yes  No  Yes  No  Yes  No

**Dependent Information (Only if "Yes" is checked in one of the categories above)**

First name	Last or family name	Date of birth (mm/dd/yyyy)	Relationship to you (son, daughter, none, etc.)	Number of months lived with you in the U.S. in 2024	U.S. citizen, U.S. resident alien, U.S. national, or a resident of Canada, Mexico, or South Korea	Did person file joint return?	Did person provide more than 50% of their own support?	Did you provide more than 50% of their support?	Did the person have Gross Income of \$5,050 or more?

What is the date you FIRST entered the United States on a non-visitor Visa? \_\_\_/\_\_\_/\_\_\_

**Entry Immigration Status - Check one**

- U.S. Immigrant/Permanent resident  F-1 Student  F-2 Spouse or child of student
- H-1 Temporary employee  \*J-1 Exchange visitor  J-2 Spouse or child of exchange visitor
- Other (list)

**Current Immigration Status - Check one**

- U.S. Immigrant/Permanent resident  F-1 Student  F-2 Spouse or child of student
- H-1 Temporary employee  \*J-1 Exchange visitor  J-2 Spouse or child of exchange visitor
- Other (list)

Have you ever changed your visa type or U.S. immigration status?  Yes  No

If "Yes", indicate the date and nature of the change. \_\_\_/\_\_\_/\_\_\_

Enter the type of U.S. visa you held during these years

2018 \_\_\_\_\_ 2019 \_\_\_\_\_ 2020 \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 \_\_\_\_\_ 2023 \_\_\_\_\_

**\* If Immigration status is J-1, what is the subtype? Check one**

- 01 Student  05 Professor  12 Research scholar
- 02 Short term scholar  Other (list)

**What is the actual primary activity of the visit? Check one**

- 01 Studying in a degree program  04 Lecturing  07 Conducting research  10 Clinical activities
- 02 Studying in a non-degree program  05 Observing  08 Training  11 Temporary employment
- 03 Teaching  06 Consulting  09 Demonstrating special skills  12 Here with spouse

Check the years you were present in the United States as a teacher, trainee, student or as an accompanying spouse or dependent of a person in such status for any part of the year.  2018  2019  2020  2021  2022  2023

Have you ever been present in the U.S. PRIOR to 2018 on a teacher, trainee, student visa, or as their accompanying spouse or dependent?  Yes  No If so, what years and visa type \_\_\_\_\_

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

2022 \_\_\_\_\_ 2023 \_\_\_\_\_ 2024 \_\_\_\_\_

List the dates you entered and left the United States during 2024

Date entered United States mm/dd/yyyy	Date departed United States mm/dd/yyyy	Date entered United States mm/dd/yyyy	Date departed United States mm/dd/yyyy

Did you file a U.S. income tax return for any year before 2024?  Yes  No

If "Yes", give latest year \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Form number filed \_\_\_\_\_

During 2024, did you apply to be a green card holder (lawful permanent resident) of the United States?  Yes  No

Do you have an application pending to change your status to lawful permanent resident?  Yes  No

1. Are you claiming the benefits of a U.S. income tax treaty with a foreign country?  Yes  No

If "Yes", enter the appropriate information in the columns below

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?  Yes  No

**Information about academic institution you attended in 2024**

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Address \_\_\_\_\_

Name of your academic/specialized program director \_\_\_\_\_ Telephone number \_\_\_\_\_

Address \_\_\_\_\_

If you are due a refund, would you like Direct Deposit  Yes  No

If you have a balance due, would you like to make a payment directly from your bank account  Yes  No

**During 2024 did you receive**

**Did you have**

Scholarships or fellowship grants <input type="checkbox"/> Yes <input type="checkbox"/> No	Casualty losses in a declared disaster area <input type="checkbox"/> Yes <input type="checkbox"/> No
Wages, salaries or tips <input type="checkbox"/> Yes <input type="checkbox"/> No	Student loan interest paid <input type="checkbox"/> Yes <input type="checkbox"/> No
Interest <input type="checkbox"/> Yes <input type="checkbox"/> No	State or local income taxes <input type="checkbox"/> Yes <input type="checkbox"/> No
Distributions from IRA, pension or annuity <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Charitable contributions <input type="checkbox"/> Yes <input type="checkbox"/> No
State or local tax refunds <input type="checkbox"/> Yes <input type="checkbox"/> No	Child/Dependent care expenses <input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment compensation <input type="checkbox"/> Yes <input type="checkbox"/> No	IRA contributions <input type="checkbox"/> Yes <input type="checkbox"/> No
Dividend income or capital gains or losses <input type="checkbox"/> Yes <input type="checkbox"/> No	Any other income (gambling, lottery, prizes, awards, self-employment, rents, royalties, virtual currency, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you or any dependent have health insurance coverage through <b>HealthCare.gov</b> (The Marketplace)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, was any Advanced Premium Tax Credit received? (Provide Form 1095-A) <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Privacy Act and Paperwork Reduction Act Notice**

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at Treasury.gov/System of Records Notices (SORNs). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.