

FOREIGN VISITOR TAX INTAKE QUESTIONNAIRE

Instructions

Reinhold Law Office, L.L.C.
1046 New Hampshire, Ste. 51
Lawrence, KS 66044
(785) 842-3222
(785) 456-3791 (fax)
Reinhold@immigrationandtax.com
www.immigrationandtax.com

Please complete this form to the best of your ability and inform our office if you have any questions.

Sign it and return it by fax or as an e-mail attachment.

If you are not currently in the U.S., state your anticipated visa type and date of entry.

Please explain additional information on a separate sheet of paper where needed

Complete a new form for each year analyzed, if the facts vary significantly.

All questions contained in this questionnaire are strictly confidential and will become part of your tax file maintained in our law office. You can wait to provide your SSN or ITIN.

These questions are being asked solely to provide accurate tax advice to you or your organization.

Full Name:

M
 F

DOB:

Do you have a U.S. Social Security Number or ITIN Number?

Are you a U.S. Citizen or Permanent Resident ("Green Card" holder) of the U.S.?

Yes No

Have you ever been a U.S. Citizen or a Permanent Resident of the U.S.? (if yes, please explain)

Yes No

Have you applied for permanent residency in the U.S. (including registering for the Diversity Lottery)? (if yes, please explain)

Yes No

Countr(ies) of Citizenship:

Countr(ies) of Permanent Residency (if any):

What is your mailing address in the U.S.?

What is your mailing address outside of the U.S.?

Phone number:

Fax:

E-mail Address:

Cell Phone:

Office Phone:

Other means of Contact:

Marital status:

Single Partnered Married Separated Divorced Widowed

Date of Entry to the U.S.:

Type of Visa:

Country issuing your passport.:

Passport Number:

If you are a student, researcher, teacher, scholar or trainee, please give the name of the director of your program and the address and telephone number of the sponsoring institution:

Date _____

Tax Year _____

Initials _____

Have you had a change to your visa type since entering the U.S.? Yes No

If there has been a change, please give the date of any changes and state the new visa type:

Treaty Exemption and Substantial Presence Test Analysis:

Have you ever claimed the benefits of a U.S. Tax Treaty in the past? Yes No

If yes, please explain what treaty you claimed, its article, the type of payment(s) made, the year(s) and the amount(s) claimed:

In which nation did you last reside?

How long did you reside there?

What is the current purpose for your presence in the U.S.?

Prior Visits to the U.S.

Visa Type	Dates of Entry and Exit	Purpose for Visit

How many days were you present in the U.S. for the past six years?

Year	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Total # of Days Present
2006							
2005							
2004							
2003							
2002							
2001							

Have you filed any prior tax returns in the U.S.? If yes, please enter the following:

Year	Type of Federal (IRS) form:	Any state tax returns filed:

List all of your Dependents, including your spouse (Husband/Wife) and all children

Full Name	Date of Birth	Social Security Number or ITIN?	Present in the United States?

Date _____
 Tax Year _____
 Initials _____
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Please list all jobs you or your spouse had during 2005

Job or Other Source of Income	Location of Work/ Amount Earned

OTHER INCOME (PLEASE PROVIDE DOCUMENTATION OF THE INCOME IN QUESTION)

Did you earn any bank interest in the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you earn any dividend income in the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you earn any royalties in the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you earn any social security benefits, pensions or annuities in the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you have any Capital Gain or Loss from any investments (e.g. stocks) in the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide the number of shares, description of the stock, date of purchase, date of sale, cost upon purchase and value upon sale for each item. Use additional sheets as needed. You may need to request this information from your brokerage firm.

Did you have any self-employed business income or loss in the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you have an interest in any U.S. or foreign partnership or corporation during the tax year? (please explain on a separate page)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive any scholarships, fellowships, travel funds, living expenses or awards during the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide the amount of all such funds, as well as stating in detail how much was intended and used for tuition, fees, required books and supplies, or living expenses:

Did you receive any tax forms about any other payments for the tax year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you have any other income that was not a gift during the tax year, including income outside the U.S.? (PLEASE EXPLAIN)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DOCUMENTATION

Check if you have received any of the following forms (or expect to receive such forms) and attach them:

<input type="checkbox"/> W-2	<input type="checkbox"/> 1042-s	<input type="checkbox"/> 1099 for bank interest
<input type="checkbox"/> 1098-T form regarding Tuition and Fees	<input type="checkbox"/> 1099 for contracting or self-employment	<input type="checkbox"/> 1099 for investment
<input type="checkbox"/> Personal property tax statements	<input type="checkbox"/> Real Property Tax statements	<input type="checkbox"/> Home Mortgage Interest on a Form 1098

Date _____
Tax Year _____
Initials _____
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ADJUSTMENTS AND DEDUCTIONS

Did you pay any student loan interest during the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you have a Health Savings Account during the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you required to move over 50 miles away for permanent employment during the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you pay taxes in any other nation during the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you have to pay for child or dependent care (day care) during the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you have any retirement plans during the tax year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you make any estimated tax payments to the IRS or a State during the tax year? (Directs payments by you)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you make any charitable contributions by cash/check or donating items during the tax year? (attach receipt)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you have any unreimbursed employee expenses you had to spend during the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you have out of pocket medical/dental expenses during the tax year exceeding 7.5% of your income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you pay tax preparation fees during the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you pay tuition and fees during the tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please note and agree to the following: I certify that the information completed below is true to the best of my knowledge. I was able to understand this form in written English or it was translated to me. At this time I have not yet decided to retain the tax services of the Lauren E. Reinhold, Reinhold Law Office, L.L.C., nor has the Reinhold Law Office, L.L.C. decided to accept my case. I agree to pay the applicable consultation fee quoted to me. The Reinhold Law Office, L.L.C. is under no obligation to represent any of the parties mentioned in this questionnaire until a written or email agreement has been reached. This is very important because there may be time deadlines associated with the objectives sought, with resultant tax or immigration consequences. Each individual or organization seeking assistance must complete a separate form.

I understand that the Reinhold Law Office, L.L.C. and I will execute a separate written agreement if I decide to hire the Reinhold Law Office, L.L.C.

Name: _____ Signature: _____

Date: _____