



Last Name _____ 20

Local Contact _____

E-mail _____

Tel: _____

TAX QUESTIONNAIRE

**This questionnaire is designed for foreign nationals
filing U.S. income tax return.**

1. Name: _____ M F **DOB** ____/____/____
(Last, First, M.I.)

2. Marital Status: Single Married **Do you or have you ever had a Green Card?** Yes No **Has your Green Card been revoked/abandoned?** Yes No

3. Current Visa Type _____ **Visa No** _____ **Passport No:** _____
ITIN or Social Security No: _____ **Country of Origin** _____

HISTORY of U.S. PRESENCE

4. Have you filed the U.S. income tax return in the past? No Yes, Form 1040 Yes, Form 1040NR Yes, Forms 1040NR & 1040
(if yes, please provide us with copy of the latest tax return)

5. Days of your presence in the U.S. and Visa Type for the past 8 tax years:

<input type="checkbox"/> Year ____ Days ____ Visa ____	<input type="checkbox"/> Year ____ Days ____ Visa ____
<input type="checkbox"/> Year ____ Days ____ Visa ____	<input type="checkbox"/> Year ____ Days ____ Visa ____
<input type="checkbox"/> Year ____ Days ____ Visa ____	<input type="checkbox"/> Year ____ Days ____ Visa ____
<input type="checkbox"/> Year ____ Days ____ Visa ____	<input type="checkbox"/> Year ____ Days ____ Visa ____

6. Date of initial entry into US _____ **Entry Visa (if different from above)** _____

7. Were you ever a U.S. citizen: Yes No **Date your current nonimmigrant status expires:** _____ **Date you left U.S.A (if applicable)** _____

8. Are you in compliance with your visa requirements? Yes No

9. Did you take steps to change your status during the past year? Yes No

10. Full-Time Student **Researcher** **Teacher** **Trainee** **The purpose of your visit to the U.S.:** _____

11. School attending: _____ **Occupation:** _____

12. Are you claiming Tax Treaty benefits? Yes No **If yes, specify** _____

13. Dates of travel in and out of U.S. during the year: _____

14. Local address: _____

15. Foreign address: _____

Please provide copies of any of the following documents that support your status: copy of Social Security card and I-94 Alien Departure Record I-20 Certificate of Eligibility (F, M) IAP-66 Certificate of Eligibility for Exchange Visitor Status (J) Other (such as DS-2019)

CLOSER CONNECTION TO COUNTRY OF ORIGIN

- 16.** Are you subject to tax on U.S. income in your country? Yes No
- Please check the items that best describe your connection to your home country**
- Your permanent home is in your home country Yes No
- Location of your family is in your home country Yes No
- Personal belongings are in your home country Yes No
- Personal (social, political, cultural, or religious) Affiliations are in your home country Yes No
- Other Business Activities are in your home country Yes No
- Voter's Registration is in your home country Yes No
- Driver's License is for your home country Yes No

CHANGE OF STATUS

- 17.** Have you filed any of the following forms during the past year?
- I-508 Waiver of Rights, Privileges, Exemptions and Immunities** Yes No
- I-485 Application to Register Permanent Residence or Adjust Status** Yes No
- I-130 Petition for Alien Relative** Yes No
- I-140 Petition for Alien Worker**..... Yes No
- ETA-750 Application for Alien Employment Certification** Yes No
- OF-230 Application for Immigrant Visa and Alien Registration** Yes No
- Any other forms or applications Yes No
- If yes, explain
- Dates

Authorization

Under penalties of perjury, and to the best of my knowledge and belief, the information provided is true, correct, and I have accurately listed all amounts and sources of my U.S. income received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. I authorize NBAC Corporation to file an extension on my behalf if necessary. I agree to pay tax preparation fees based on the NBAC Corporation fee schedule and I authorize NBAC Corporation to charge my credit card account.

Master Card Visa American Express Discover Exp Date _____

My credit card account number _____ Security Code _____

(from back of card)

Cardholder Signature _____ Date _____

FEE SCHEDULE

<p><input type="checkbox"/> \$75 Form 8843 - no income, informational returns only</p> <p><input type="checkbox"/> \$200 Federal income tax return. Employee earnings (W-2, 1042-S), scholarship, interest and dividend income</p> <p><input type="checkbox"/> \$300 Federal income tax return. Self-employment income & employee earnings, passive income (rental, partnership, royalties, etc.), capital gains</p>	<p><input type="checkbox"/> No charge Review tax returns for past 3 years. If amended or original tax return is required, see above categories</p> <p><input type="checkbox"/> No charge One state is included with federal tax return preparation</p> <p><input type="checkbox"/> \$45 Any additional state tax return</p> <p>Yes, check box to file resident tax return with your spouse <input type="checkbox"/></p>	<p><input type="checkbox"/> \$45 Obtaining an Individual Taxpayer Identification Number (ITIN)</p> <p><input type="checkbox"/> \$25 Extension for filing, state or federal</p> <p><input type="checkbox"/> Hourly fees Tax planning and consultations</p>
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Is spouse a U.S. Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	No, nationals of Canada Mexico Japan Korea India fill out items 18-22
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SPOUSE AND DEPENDENT INFORMATION

18. Spouse	<input type="checkbox"/> Name _____ <input type="checkbox"/> Social Security or ITIN Number _____ <input type="checkbox"/> Date of Birth _____ Taxpayer Identification needed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach completed Form W-7
19. Dependents (use additional sheets as needed)	<input type="checkbox"/> Name _____ <input type="checkbox"/> Social Security or ITIN Number _____ <input type="checkbox"/> Date of Birth _____ Taxpayer Identification needed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach completed Form W-7
20. Canada, Mexico Spouse Children	<input type="checkbox"/> Country of residence U.S. _____ Canada _____ Mexico _____ <input type="checkbox"/> Spouse contribution (if any) to support of child(ren) listed above \$ _____ <input type="checkbox"/> Country of residence U.S. _____ Canada _____ Mexico _____
21. Japan, Korea Spouse Children	<input type="checkbox"/> Length of time in the U.S. during the year _____ <input type="checkbox"/> Foreign source income during the year (worldwide) \$ _____ <input type="checkbox"/> Spouse contribution (if any) to support of child(ren) listed above \$ _____ <input type="checkbox"/> Length of time in the U.S. during the _____
22. India Spouse Children	<input type="checkbox"/> Gross income received during the year \$ _____ Is <input type="checkbox"/> Is not <input type="checkbox"/> a dependent of another taxpayer <input type="checkbox"/> Visa Type _____ <input type="checkbox"/> Visa Type _____ <input type="checkbox"/> Length of time in U.S. during the year _____

NBAC Corporation

I have engaged your firm to prepare my individual Federal and State income tax returns for the year ended _____. I understand that it is my responsibility to provide you with all of the information required to complete my tax return. In that regard I state that, to the best of my knowledge and belief:

- I have provided true, correct and complete information regarding my income on the attached Form W-2, 1099 and/or attached written summaries. I understand that it is my responsibility to provide all the information necessary to complete the returns. I will retain for 4 years all the documents, receipts, cancelled checks and other records required to substantiate the items of income and expense claimed on my return.
- I have provided true, correct and complete information regarding amounts I have provided to you to claim as tax deductions, and have maintained written documentation supporting all amounts, including logbooks and receipts. I understand that if a question arises regarding the interpretation of tax law, and a conflict exists between the tax authorities' interpretation of the law, and other supportable positions, that you will use your professional judgment in resolving the issues.
- I understand that taxing authorities may examine the returns, that all documentation must be retained to support the information provided to you, and that penalties may be imposed on returns that are late, underpaid or incorrect.
- I understand that you will not audit or otherwise verify any information, that you may require clarification or additional information, that you are not responsible for disallowed deductions, or the inclusion of additional unreported income or any resulting taxes, penalties or interest.
- I understand that I will be charged an additional fee if you are asked to assist or represent me in a tax examination or inquiry. I understand that, in the event of any changes to the tax returns, I am responsible for any additional tax that may be due.
- I will contact you immediately if I discover additional information that will lead to a change in my return, or if I receive any letters from the IRS or state taxing authorities.
- I understand that your policy is to have any correspondence from me in writing and in case of information provided verbally or over the phone, a dated log will be kept in the file, which I might be asked to sign as proof of any changes, adjustments or modifications provided to you in a non-written format.
- I understand that your bill will be due and payable upon initial engagement of your firm, and that additional services will not be performed until the bill for these services is paid in full. I understand that your bill will be based upon the fee schedule provided.
- I understand that you may file any Federal, state or local tax extensions, if necessary, and that I will be notified of the fact.
- If there other services or tax returns that I expect you to prepare, such as estate, gift, sales, fiduciary, property, or other states or cities, I will note them at the bottom of this letter.

Privacy Policy:

It has always been the policy of NBAC Corporation to keep all information that it collects from clients confidential from all sources. NBAC Corporation restricts access to all nonpublic personal information about clients to members of the firm who need to know that information to provide services to clients. NBAC Corporation does collect nonpublic personal information about you from the following sources:

- Information NBAC receives from you on tax preparation organizers, worksheets, Federal and State tax reporting forms, and from other documents NBAC uses in tax preparation or other financial and related services.
- Information about your transactions with NBAC, affiliates, and others, and
- Information NBAC may receive from outside agencies such as banks and brokerage houses.

NBAC Corporation does not disclose any nonpublic personal information about clients or former clients, except as permitted, required or approved by you in writing as listed below:

- Requirements to comply with Federal, state or local law,
- Requirements to comply with National, State or local licensing rules,
- Requirements to disclose information in response to legal subpoenas,
- Items you permit or request us to disclose, as authorized by you in writing,
- Information, which you authorize us to disclose by signing this engagement letter, to electronically file your tax return, when applicable,
- Information, which you authorize us to disclose by signing this engagement letter, that discloses that you are our client, without disclosure of financial or other personal information.

I have read, understand and accept the conditions of the engagement letter and the privacy policies discussed above.

Taxpayer's Signature

Date