

Salary in foreign currency and in US\$ using average annual conversion: _____

Other benefits paid by employer to include housing, home leave expenses, education fees, automobile benefits, etc.: _____

Housing expense in detail, including rent, utilities (except phone), furniture rental, household repairs
DO NOT INCLUDE MORTGAGE INTEREST IF YOU ARE BUYING A HOME: _____

Family members living with you, if any: _____

Earlier years Form 2555 was filed: _____

Date you arrived to live and work in foreign country: _____

Dates in the US for business and pleasure during the year:

Income earned in the US during business travel, if any: _____

Type of visa in foreign country and limits on length of stay, if any:

Contract terms limiting length of stay, if any:

Address of home in US, if any, and names of persons living there, if any:

Foreign income tax paid for calendar year in US\$: _____

Rolled over foreign tax credits from previous years (attach schedule): _____

If you are an employee of a US company, please include a copy of all W-2s.

Please include the above information for the spouse, if applicable.

NOTE: In some countries the tax year is not a calendar year as it is in the US, but can fall in other months (e.g., the UK uses April to March). It may be necessary to adjust your income to reflect a calendar year if you work in one of these countries.

8. Self-Employment Income

If you are self-employed, you will owe U.S. self-employment tax (Social Security and Medicare) on your net income at the rate of 15.3%--unless you live in one of about 20 countries that have a special treaty with the U.S. and you are paying the equivalent of Social Security to that country.

Type of business: _____

Beginning Date of Business: _____

EIN Number, if any: _____

Gross Business Income (indicate if from 1099): _____

Detailed List of Business Expenses (attach additional sheet if needed):

9. Other Income

Interest income of any kind (include copies of 1099-INT if applicable):

Payor: _____

Amount: _____

Indicate if nontaxable for any reason: _____

Indicate amount of foreign tax paid, if any: _____

Dividends paid (include copies of 1099-DIV if applicable):

Payor: _____

Ordinary dividend: _____

Qualified Portion of Dividend: _____

Capital Gain Dividend: _____

Other Income to include payor and amount in US\$: _____

Foreign Bank Account(s)—check if you are a signatory and/or owner of a foreign bank account _____

If checked, indicate country: _____

Did the total amount in all foreign accounts equal or exceed \$10,000 at any time
in the tax year? _____

If yes, a special form needs to be filed with the US Department of Treasury to include,
for each account:

Name of bank or institution: _____

Account Number: _____

Country: _____

Highest balance in account in tax year: _____

Names of co-owners of account(s): _____

Name of owner if you are signatory only: _____

Gain/Loss from sale of capital assets (stock or property sales) include any statements:

Description: _____

Date Acquired: _____

Date Sold: _____

Sales Price: _____

Original Cost plus Expenses: _____

10. Rental Income

If this is the first year we are doing your return, we need the purchase price of the property, value of the land, date the rental began, and a copy of any previous depreciation schedule.

a. Address of Property: _____

b. Rental Income Received: _____

c. Any expenses associated with the property (to include repairs and maintenance, management fees, mortgage interest, taxes, HOA fees, insurance, utility bills, etc.):

11. Alimony Received: _____

12. State Income Tax Refund (indicate state): _____

13. Pension or Annuity Income (attach any documentation): _____

14. Social Security Income (attach statement): _____

15. Trust or Partnership Income (attach K-1 if applicable): _____

16. IRA or Keogh Withdrawals or Distributions: _____

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17. Medical and Dental Expenses: _____

18. Medical and Dental Insurance: _____

19. Auto License Fees: _____

20. Interest on Home Mortgage (whether home is in U.S. or foreign country): _____

21. Property Taxes on Residence (in U.S.\$): _____
22. Contributions to U.S. Charities: _____
23. Investment Expenses: _____
24. Cost of Tax Preparation: _____
25. Cost of Safe Deposit Box: _____
26. IRA Fees: _____
27. College Tuition Fees: _____
28. Moving Expenses: _____
29. Interest Paid on College Loans: _____
30. Casualty or Theft Loss: _____
31. Un reimbursed Business Expenses (to include employment related education, professional publications, business auto expenses, etc.): _____

MISCELLANEOUS CONTRIBUTIONS

32. Child Care Expenses (indicate name of child, name, address and SSN of caregiver):

33. IRA Contributions—Roth or Regular: _____
34. Sale of Home (indicate purchase price, sale price, date of purchase and sale, and dates house was occupied by you and/or spouse): _____
35. If you file a state tax return or non-resident state tax return in any state, please indicate the state(s): _____
36. A federal tax refund can be directly deposited into your U.S. bank account. If you want to do this, indicate name of bank, routing number, account number and whether account is savings or checking: _____
37. Foreign corporation or foreign partnership: If you are an owner of one of these entities, please ask for a special questionnaire. _____

NOTE: The IRS requires special forms to be filed by American citizens who

Participate as owners or beneficiaries of foreign business entities. There are substantial penalties if these forms are not filed and the IRS determines they should have been.

38. Note any other factors that might be relevant to your U.S. tax return:

Confirmation of Information

The undersigned confirm that the information supplied is true, complete and correct to the best of my (our) knowledge, and that I (we) am responsible for any inaccuracies or omissions of material fact. It is acknowledged that written records should be available to support all items reported on this questionnaire which would be needed if this return is audited by the IRS.

Taxpayer: _____ Date: _____

Spouse: _____ Date: _____