

Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

**Annual Withholding Tax Return for
 U.S. Source Income of Foreign Persons**
 ▶ See instructions.

2009

If this is an amended return, check here

Name of withholding agent	Employer identification number	For IRS Use Only	
Number, street, and room or suite no. (if a P.O. box, see instructions)	City or town, province or state, and country (including postal code)	CC	FD
		RD	FF
		CAF	FP
		CR	I
		EDC	SIC

If you will not be liable for returns in the future, check here Enter date final income paid ▶ _____
 Check here if you made quarter-monthly deposits using the 90% rule (see **Deposit Requirements** in the instructions) ▶
 Check if you are a: QI/Withholding foreign partnership or trust NQI/Flow-through entity (See instructions.)

Record of Federal Tax Liability (Do not show federal tax deposits here.)

Line No.	Period ending	Tax liability for period (including any taxes assumed on Form(s) 1000)	Line No.	Period ending	Tax liability for period (including any taxes assumed on Form(s) 1000)	Line No.	Period ending	Tax liability for period (including any taxes assumed on Form(s) 1000)
1			21			41		
2	Jan.	7	22	May	7	42	Sept.	7
3		15	23		15	43		15
4		22	24		22	44		22
5		31	25		31	45		30
5	Jan. total		25	May total		45	Sept. total	
6			26			46		
7	Feb.	7	27	June	7	47	Oct.	7
8		15	28		15	48		15
9		22	29		22	49		22
10		28	30		30	50		31
10	Feb. total		30	June total		50	Oct. total	
11			31			51		
12	Mar.	7	32	July	7	52	Nov.	7
13		15	33		15	53		15
14		22	34		22	54		22
15		31	35		31	55		30
15	Mar. total		35	July total		55	Nov. total	
16			36			56		
17	Apr.	7	37	Aug.	7	57	Dec.	7
18		15	38		15	58		15
19		22	39		22	59		22
20		30	40		31	60		31
20	Apr. total		40	Aug. total		60	Dec. total	

61 No. of Forms 1042-S filed: a On paper _____ b Electronically _____
 62 For all Form(s) 1042-S and 1000: a Gross income paid _____ b Taxes withheld or assumed _____

63a Total tax liability (add monthly total lines from above)	63a	
63b Adjustments (see page 4)	63b	
63c Total net tax liability (combine lines 63a and 63b) ▶		63c
64 Total paid by federal tax deposit coupons or by electronic funds transfer (or with a request for an extension of time to file) for 2009	64	
65 Enter overpayment applied as a credit from 2008 Form 1042	65	
66 Credit for amounts withheld by other withholding agents (see page 4)	66	
67 Total payments. Add lines 64 through 66 ▶		67
68 If line 63c is larger than line 67, enter balance due here		68
69 If line 67 is larger than line 63c, enter overpayment here		69
70 Penalty for failure to deposit tax when due. Also include on line 68 or line 69 (see page 4)		70
71 Apply overpayment on line 69 to (check one): <input type="checkbox"/> Credit on 2010 Form 1042 or <input type="checkbox"/> Refund		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 4)? **Yes.** Complete the following. **No**
 Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than withholding agent) is based on all information of which preparer has any knowledge.
 Your signature ▶ Date ▶ Capacity in which acting ▶
 Daytime phone number ▶

Paid Preparer's Use Only Preparer's signature ▶ Date ▶ Preparer's SSN or PTIN
 Firm's name (or yours if self-employed), address, and ZIP code ▶ EIN ▶ ;
 Phone no. ▶