1. Name (Please type or print)	Social security number, if any			ANNUAL CERTIFICATE OF COMPLIANCE  This certifies that:			
2. U.S. address (Number and street or rural route)			(City)	(State)	(ZIP Code)	·	
3. Complete foreign address					has satisfied all United States of America income tax obligations with respect to income received or to be received for the taxable year ended		
4. Taxable year 5. Occupa		5. Occupation				determined to the extent practicable based on all information available to me at this date.	
6. Passport or alien registration card number		7. Date of departure	8. Place of departure	9. Country	of destination		
10. Name of carrier   11. Of what country are you a: (a) citizen or subject		(b) resident			(District Director of Internal Revenue)  By		
12. Are you a Yes resident alien? No	Original date of entry into U.S.		Date on which you last arrived in the U.S.			(Name and title)	
U.S. TREASURY DEPARTMEN INTERNAL REVENUE SERVIC	For a I	Resident Alien Whose Taxo	N INCOME TAX STATION INCOME TAX STATION INCOME TAX STATION INCOME FROM United TAX STATION INCOME FROM United Income In	erminated or	FORM <b>2063</b> (REV. 1-67)	District Director's Stamp	

. If a r	nonresident alien, state purpo	ose of entry into the U.S.				
-	ou receive (or do you expect e year stated in item 4 on th					
If "ye	es:" (a) will U.S. income tax					
	(b) will you file a Declar					
(b) If	d you receive any income sub "Yes," furnish the following S. address shown on return	SERVICE				
ear	Taxable Income	Tax Paid	Balance Due	District in Which Retu	urn Was Filed	
)						
Åre y State	ou liable for the filing of any s for any prior year, other th	IMPORTANT				
CLARA nd corre	TION—Under the penalties of perjuct.	ary, I declare that the above stat	ements have been examined by me and	to the best of my knowledge	ge and belief are true	Please keep this certificate with your passport

Signature of departing alien \_\_\_\_\_\_ Date \_\_\_\_\_

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