# 1040-NR ATS Test Scenario 3 Taxpayer: Lisa Cranberry SSN: 123-00-3333

Test Scenario 3 includes the following forms:

- Form 1040-NR
- Form W-2
- Form 1040-NR Schedule NEC
- Form 1040-NR Schedule OI
- Form 1040 Schedule 1
- Form 1040 Schedule E
- Form 8805
- Form 8854
- Form SSA-1042S

# Form SSA-1042S

NameLine1Txt	Lisa Cranberry
PrimarySSN	123-00-3333
ForeignAddress	7613 Beatle Way London, UK NW61JD
SocSecBnftAmt	1,800.00
NetSocSecBnftAmt	1,800.00
TaxRt	.30
FederalIncomeTaxWithheldAmt	540.00
RefundAmt	140.00
NetTaxWithheldAmt	400.00

# Additional information:

- The taxpayer expatriated in 2012. She has been a resident of the UK since January 1, 2013.
- The taxpayer received eligible deferred compensation in 2020 for services rendered to a US employer in previous years.
- The taxpayer received a distributive share of earnings in 2020 from the US partnership.
- The taxpayer received US social security benefits on which tax was withheld, but are exempt from income under the provisions of the US-UK tax treaty.

<b>1040</b>	<u>-N</u>	Department of the Treasury— U.S. Nonresident			(99 <b>Retur</b> i		<b>20</b>	OMB No. 154	15-0074 IF	RS Use Only—Do not write or staple in this space.
Filing Status		Single  Married filing separately (MFS) (formerly Married)  Qualifying widow(er) (QW)								
Check only one box.		ou checked the QW box, enter the alifying person is a child but not y								
Your first name	and i	middle initial	Last	name	Λ					entifying number ructions)
Home address	(numl	per and street or rural route). If you	u have a P.	O. box, see inst	ructions.		Ap	t. no.	Check if	Individual  Estate or Trust
City, town, or po	st off	ice. If you have a foreign address, al	so complet	e spaces below.	State		ZIP code			
Foreign country	nam	SVAN	Foreign p	rovince/state/co	ounty	$\Lambda$	Foreign po	stal code	7	
At any time duri	ing 20	020, did you receive, sell, send, ex	change, o	otherwise acqu	iire any fin	nancial in	terest in any	virtual cu	rrency?	☐ Yes ☐ No
Dependents (see instructions):		(1) First name Last name	ame	(2) Depending identifying r			Dependent's onship to yo	Child	✓ if qualid tax credid	fies for (see instr.): t
If more than four										
dependents, see									$\vdash$	
instructions and check here ▶ □										
Income	1a	Wages, salaries, tips, etc. Attacl	n Form(s) V	V-2					. 1a	
Effectively	b	Scholarship and fellowship gran	ts. Attach F	Form(s) 1042-S	or required	d statem	ent. See ins	tructions .	. 1b	
Connected With U.S.	С	Total income exempt by a treat L, line 1(e)	-	nedule OI (Form	1040-NR)	), Item 	1c			
Trade or	<b>2</b> a	Tax-exempt interest	2a		<b>b</b> Tax	kable inte	erest		. 2b	
Business	3a	Qualified dividends	3a			•	ridends .		. 3b	
	4a	IRA distributions	4a			cable am			. 4b	
	5a	Pensions and annuities	5a		<b>b</b> Tax	able am	ount		. 5b	
	6	Reserved for future use							. 6	
	7	Capital gain or (loss). Attach Sch	,	, ,		•	-	ere . 🕨 🗀	J <b>7</b>	
	8	Other income from Schedule 1 (		, .					. 8	
	9	Add lines 1a, 1b, 2b, 3b, 4b, 5b,	7, and 8. T	This is your <b>tota</b> l	effective	ely conne	ected incor	ne 🕨	9	
	10	Adjustments to income:								
	а	From Schedule 1 (Form 1040), li					10a			
	b	Charitable contributions for cert				l l	10b			
	С	Scholarship and fellowship gran				-	10c			
	d	Add lines 10a through 10c. Thes						•	▶ 10d	
	11	Subtract line 10d from line 9. Th	-	-					<b>►</b> 11	
	12	<b>Itemized deductions</b> (from Sch deduction. See instructions	nedule A (F	,,	or, for cer 	tain resid	dents of Inc	lia, standar	rd 12	
	13a	Qualified business income dedu	ction. Attac	ch Form 8995 or	Form 899	95-A	13a			I

**c** Add lines 13a and 13b . . . . . . . .

Add lines 12 and 13c

b

14

15

Exemptions for estates and trusts only. See instructions . . . . .

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

13b

13c

14

15

Form 1040-NR (	2020)								Page 2
	16	Tax (see instructions). Check if	any from Form	ı(s): <b>1</b>	314 <b>2</b> 49	72 <b>3</b> 🗌		16	
	17	Amount from Schedule 2 (For	m 1040), line 3					17	C
	18	Add lines 16 and 17					[	18	1
	19	Child tax credit or credit for of	ther dependent	ts			[	19	1
	20	Amount from Schedule 3 (For	m 1040), line 7				[	20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0	. ,			22	
	23a	Tax on income not effectivel from Schedule NEC (Form 10-				23a			
	b	Other taxes, including self-emline 10			,	23b			
	С	Transportation tax (see instruc	ctions)			23c			
	d	Add lines 23a through 23c .						23d	
-IN	24 25	Add lines 22 and 23d. This is Federal income tax withheld for			r · ·4		<b>4</b>	24	<del>2</del>
	а	Form(s) W-2				25a			
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	
	е	Form(s) 8805						25e	
	f	Form(s) 8288-A						25f	
	g	Form(s) 1042-S						25g	
	26	2020 estimated tax payments						26	i
	27	Reserved for future use				27			
	28	Additional child tax credit. Att		•	•	28			
	29	Credit for amount paid with Fo				29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3 (For	,-			31			
	32	Add lines 28 through 31. Thes					T	32	
Defund	33	Add lines 25d, 25e, 25f, 25g, 2						33	
Refund	34	If line 33 is more than line 24,					+	34	
Di	35a	Amount of line 34 you want re	runaea to you	<b>J.</b> If Form 8888	· .			35a	
Direct deposit? See instructions.	►b	Routing number			<b>▶ c</b> Type: ∟	Checking L	Savings		
	► d ► e	Account number If you want your refund check							
	36	enter it here.  Amount of line 34 you want a	onlied to your	2021 estimat	ed tax	36			
Amount	37	Amount you owe. Subtract lin					•	37	
You Owe	38	Estimated tax penalty (see ins				38			
Third Party Designee	Do yo	ou want to allow another person with the IRS? See instructions	on (other than			s this	Complete b	elow.	☐ No
(Other than	Danim			Dhana		Почо	nal idantifia	ation.	
paid preparer)	name		have aversinged	Phone no. ►		numb	nal identifica er (PIN)	<b>&gt;</b>	h of many leading and
Sign	belief,	penalties of perjury, I declare that I they are true, correct, and complete	e. Declaration of	preparer (other t	han taxpayer) is bas	sed on all information	on of which p	repare	r has any knowledge.
Here	Your	signature		Date	Your occupation	า	If the I	RS se	ent you an Identity
	,	Lisa Cranberry		3-15-2021			Protection (see in		PIN, enter it here
	Phone			Email addres	ss				
Paid	Prepa	arer's name	Preparer's sign			Date	PTIN		Check if:
Preparer			Tim Fi	ews		3-12-2021			Self-employed
Use Only		s name ►					Phone no		
	Eirm's	a addraga N					Eirm'o EIN		

	a Employee's social security number 123-00-3333	OMB No. 154	5-0008	Safe, accurate, FAST! Use	≁fil		IRS website at .gov/efile
<b>b</b> Employer identification number (	EIN)		1 W	ages, tips, other compensation	<b>2</b> Fe	deral income ta	x withheld
00-5559991				2,700,000	)		990,000
c Employer's name, address, and	ZIP code		<b>3</b> S	ocial security wages	4 Sc	ocial security tax	withheld
Cross Athletics							
5215 Wembley Place	ce		5 №	ledicare wages and tips	6 Me	edicare tax with	held
London, UK NW61	JD		7 S	ocial security tips	8 Al	located tips	
, -				,			
d Control number			9		10 De	ependent care b	enefits
e Employee's first name and initial	Last name	Suff.	<b>11</b> N	lonqualified plans	C	ee instructions	for box 12
Lisa Cranberry					o d e		
•				atutory Retirement Third-party nployee plan sick pay	<b>12b</b>		
7613 Beatle Way			L		d e		
London, UK NW61	JD		<b>14</b> Of	ther	12c		
					d e		
					<b>12d</b>		
					o d e		
f Employee's address and ZIP cod	е						
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local	income tax	20 Locality name
l							

Form **W-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

## **SCHEDULE NEC** (Form 1040-NR)

# Tax on Income Not Effectively Connected With a U.S. Trade or Business

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

on Schedule D (Form 1040).

Form 4797, or both.

▶ Go to www.irs.gov/Form1040NR for instructions and the latest information. ▶ Attach to Form 1040-NR.

Sequence No. 7B

Name(s) shown on Form 1040-NR Your identifying number Lisa Cranberry 123-00-3333 Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) **Nature of Income** (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a Dividends paid by foreign corporations 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: Mortgage . . . . . 2a 2b Paid by foreign corporations 2c Industrial royalties (patents, trademarks, etc.) . 3 Motion picture or TV copyright royalties 4 Other royalties (copyrights, recording, publishing, etc.) 5 Real property income and natural resources royalties 6 Pensions and annuities . . 7 Social security benefits . 8 1.530 Capital gain from line 18 below . . . . . . 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings \_\_\_\_ 10c Gambling winnings—Residents of countries other than Canada. 11 12 Other (specify) ▶ 12 13 13 Add lines 1a through 12 in columns (a) through (d) . . . . . . . . . . . . 14 14 15 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a ▶ Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and 16 (a) Kind of property and description (f) LOSS (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business 17 Add columns (f) and (g) of line 16

18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-

18

### SCHEDULE OI (Form 1040-NR)

Department of the Treasury

Internal Revenue Service (99)

Other Information

► Go to www.irs.gov/Form1040NR for instructions and the latest information. ► Attach to Form 1040-NR.

► Answer all questions.

OMB No. 1545-0074 Attachment Sequence No. 7C

Name(s) shown on Form 1040-NR Your identifying number Lisa Cranberry 123-00-3333 Α Of what country or countries were you a citizen or national during the tax year? UK В In what country did you claim residence for tax purposes during the tax year? UK С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? ■ No ✓ Yes Were you ever: Yes ✓ No 1. A U.S. citizen? . 2. A green card holder (lawful permanent resident) of the United States? . . . . . No ✓ Yes If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. Ε immigration status on the last day of the tax year. Visa Waiver F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? . . . ✓ Yes No If you answered "Yes," indicate the date and nature of the change ► 1-2-2012 Expatriation List all dates you entered and left the United States during 2020. See instructions. G Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, check the box for Canada or Mexico and skip to item H . Canada Mexico Date entered United States Date entered United States Date departed United States Date departed United States mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy 1/26/20 1/28/20 6/20/20 6/22/20 3/12/20 3/16/20 9/12/20 9/14/20 4/25/20 4/26/20 10/10/20 10/11/20 5/08/20 5/10/20 11/27/20 11/30/20 Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2018 21 , 2019 20 , and 2020 27 . Did you file a U.S. income tax return for any prior year? . . . . . . . . . . . . . . . . . . √ Yes No Т No Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a Yes No Κ Did you receive total compensation of \$250,000 or more during the tax year? . . . . . . √ Yes No ✓ No If "Yes," did you use an alternative method to determine the source of this compensation? . . . . . . . . . . . L Income Exempt From Tax-If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties. 1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. (c) Number of months (a) Country (b) Tax treaty article (d) Amount of exempt claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b No 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No If "Yes," attach a copy of the Competent Authority determination letter to your return. M Check the applicable box if: 1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected 2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . . . . . . . . . . . . . .

# SCHEDULE 1 (Form 1040)

Lisa Cranberry

# **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2020
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 123-00-3333

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	1		
2a	Alimony received	2a		
b	Date of original divorce or separation agreement (see instructions) ▶			
3	Business income or (loss). Attach Schedule C	3		
4	Other gains or (losses). Attach Form 4797	4		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	U	2,000
6	Farm income or (loss). Attach Schedule F	6		
7	Unemployment compensation	7		
8	Other income. List type and amount ▶			
		8		
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9		
Par		<b>J</b>		
10	Educator expenses	10		
11	Certain business expenses of reservists, performing artists, and fee-basis government			
	officials. Attach Form 2106	11		
12	Health savings account deduction. Attach Form 8889	12		
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13		
14	Deductible part of self-employment tax. Attach Schedule SE	14		
15	Self-employed SEP, SIMPLE, and qualified plans	15		
16	Self-employed health insurance deduction	16		
17	Penalty on early withdrawal of savings	17		
18a	Alimony paid	18a		
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions) ▶			
19	IRA deduction	19		
20	Student loan interest deduction	20		
21	Tuition and fees deduction. Attach Form 8917	21		
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22		

#### **SCHEDULE E** (Form 1040)

# **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

Name(s) shown on return Your social security number Lisa Cranberry 123-00-3333 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions **B** If "Yes," did you or will you file required Form(s) 1099? . . Physical address of each property (street, city, state, ZIP code) Α В C Fair Rental 1b Personal Use Type of Property For each rental real estate property listed QJV above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a (from list below) **Days** Days Α Α qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: Α 3 Rents received 3 4 Royalties received . . . . 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . 7 8 8 Commissions. . . . . 9 9 Insurance . . . . . . . 10 Legal and other professional fees . . 10 11 Management fees . . . . . . . . . 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 Other interest. . . . . . . . . 14 Repairs. 14 15 15 Supplies . Taxes . . . . . 16 16 17 17 18 Depreciation expense or depletion . . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 20 20 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . . 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b **c** Total of all amounts reported on line 12 for all properties 23c Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26

chedule E (Form 1040)	2020	Attachment Sequence No. 1	3	Page 2
chedule L (Form 1040)	2020	Attachment Sequence No. 1	3	Page Z

	ne(s) shown on return. Do not enter name and social security number if shown on other side.  a Cranberry									Your social security number 123-00-3333			
	- · · · · · · · · · · · · · · · · · · ·	maunta vanauta	d on vous	tov roturo	with amou	nto ob			hadula(a) k	′ 1	123-00	-აააა	
	tion: The IRS compares a rt II Income or Loss											L:	
га	stock, or receive a le		-	-				-					-
	computation. If you											-	
	line 28 and attach <b>F</b>	•			,				,,,				(,,
27	Are you reporting any	Loss not allowe	d in a pri	or year due	to the at-	iek or	hae	ic limit	ations a pr	ior vos	r upallow	ad loss	e from a
21	passive activity (if the												
	see instructions before											es	l No
00			(b	) Enter P for	(c) Check			(d) Em			Check if		heck if
28	(a) Nan	ne		artnership; <b>S</b> S corporation	foreign partnersh			identific num			omputation equired		nount is at risk
Α	Fish and Chips			Р				00-123	4567				
В												[	
С													
D							7						
	Passive Inco	ome and Loss					Nor	npassi	ve Income	and L	oss		
	(g) Passive loss allowed		ssive incom		onpassive los see <b>Schedul</b> e		ed		ection 179 exp			passive i	
_	(attach Form 8582 if require	d) Irom S	chedule K-	(;	see Schedule	<b>⇒ K-</b> 1)		deduci	ion from Forn	1 4302	Irom	scriedule	
A								_	_				2,000
В													
С													
D	Tatala												
298													
30	Totals Add columns (h) and (k	of line 20a								30			
31	Add columns (g), (i), an	•					•			31	(		,
32	Total partnership and						and	 31		32	(		,
_	t III Income or Loss				ATTIONTIC IIITE	3 00	and	01 .		UZ			
											<b>(b)</b> En	nployer	
33	(a) Name							identification number					
Α													
В													
	Pass	sive Income and	Loss					No	npassive I	ncome	and Los	ss	
	(c) Passive deduction or			d) Passive inco			٠,	Deduction		(f) Other income from			
	(attach <b>Form 8582</b> if I	required)	fr	om <b>Schedule</b>	K-1		fron	n <b>Sched</b>	ule K-1		Schedule K-1		
Α													
В													
34a													
k													
35	Add columns (d) and (f)									35	/		
36	Add columns (c) and (e	•					٠			36	(		)
37 Par	Total estate and trust to Income or Loss		•				ndu		· · ·	37 Posid	ual Hala	lor	
	lilcome or Loss				s inclusion from								
38	(a) Name	(b) Employer ider number		Schedu	ıles Q, line 2d		(d) Ta	axable in n <b>Sched</b> i	come (net los ules Q, line 1b	s)   )	(e) Inco Schedules	me from s <b>Q,</b> line :	3b
				(See I	nstructions)								
39	Combine columns (d) a	und (e) only Ente	r the resu	lt here and	include in	the to	⊥ otal o	on line	41 below	39			
	rt V Summary	ara (o) ornyr Erico	1101000	in more and	moidae m		o tai t	011 11110	11 50.01	00			
40								40					
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5						41						
42	Reconciliation of farm												
	farming and fishing incom	-	-	•	-								
	(Form 1065), box 14, cod												
	AD; and Schedule K-1 (F					42							
43	Reconciliation for real esta	ite professionals. If	you were a	real estate n	rofessional								
	(see instructions), enter the	•	•										
	1040, Form 1040-SR, or For	m 1040-NR from all	rental real	estate activitie	s in which								
	you materially participated under the passive activity loss rules												

# Form **8805**(Rev. November 2019) Department of the Treasury

Internal Revenue Service

# Foreign Partner's Information Statement of Section 1446 Withholding Tax

► Go to www.irs.gov/Form8805 for instructions and the latest information.

For Internal Revenue Servi
Attach to Form 8804.

OMB No. 1545-0123

Copy A

For Internal Revenue Service

For partnership's calendar year , or tax year beginning 20 , and ending 20 20 2020 20 12-31 Foreign partner's name **b** U.S. identifying number Name of partnership U.S. Employer Identification Number (EIN) Lisa Cranberry 123-00-3333 Fish and Chips 00-1234567 Address (if a foreign address, see instructions) Address (if a foreign address, see instructions) 7613 Beatle Way 42579 Prince Street London, UK NW61JD London, UK NW61JD Account number assigned by partnership (if any) Withholding agent's name. If partnership is also the withholding agent, enter "SAME" and do not complete line 7. 3 Type of partner (specify—see instructions) ▶ SAME Withholding agent's U.S. EIN 4 Country code of partner (enter two-letter code—see instructions) 7 Check if the partnership identified on line 5a owns an interest in one or more partnerships Check if any of the partnership's effectively connected taxable income (ECTI) is exempt from U.S. tax for the partner identified on line 1a 9 9 2,000 10 Total tax credit allowed to partner under section 1446 (see instructions). Individual and corporate partners: Claim this amount as a credit against your U.S. income tax on Form 1040-NR, Form 1120-F, etc. . 10 406 Schedule T—Beneficiary Information (see instructions) Name of beneficiary Address (if a foreign address, see instructions) U.S. identifying number of beneficiary 12 Amount of ECTI on line 9 to be included in the beneficiary's gross income (see instructions) 12 Amount of tax credit on line 10 that the beneficiary is entitled to claim on its return (see instructions) 13 13 Form **8805** (Rev. 11-2019) For Paperwork Reduction Act Notice, see separate Instructions for Forms 8804, 8805, and 8813. Cat. No. 10078E

**Initial and Annual Expatriation Statement** For calendar year 2020 or other tax year beginning 1-1

, **2020**, and ending 12-31

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8854 for instructions and the latest information. ▶ Please print or type.

Identifying number (see instructions) Lisa Cranberry 123-00-3333 Part I **General Information.** For all filers. Mailing address and telephone number where you can be reached after expatriation 7613 Beatle Way London, UK NW61JD 11 479 333 0000 Address of principal foreign residence (if different from line 1) 2 3 Country of tax residence (if different from line 2) Check the box that applies. See instructions. ☐ Initial expatriation statement for persons who expatriated in 2020. Complete Part II. Annual expatriation statement for persons who expatriated before 2020. Complete Part III. Date of expatriation under section 877A(g)(3) for expatriating citizens and long-term residents. See instructions. Citizen Long-term resident Long-term resident with dual residency in a treaty country. Date commencing to be treated, for tax purposes, as a 1-1-2012 resident of the treaty country List all countries (other than the United States) of which you are a citizen. Name of country Date you became a citizen of each country listed in line 6a 2-1-1964 ✓ By birth 7 How you became a U.S. citizen By naturalization Date you became a U.S. lawful permanent resident **Initial Expatriation Statement for Persons Who Expatriated in 2020** Section A **Expatriation Information** Enter your U.S. income tax liability (after foreign tax credits) for the 5 tax years ending before the date of expatriation. 1st Year 2nd Year 3rd Year 4th Year 5th Year Before Expatriation Before Expatriation Before Expatriation Before Expatriation Before Expatriation Did you become at birth a U.S. citizen and a citizen of another country, and do you continue to be a citizen 3 If you answered "Yes" to question 3, have you been a resident of the United States for not more than 10 of 5 Were you under age 181/2 on the date you expatriated and have you been a U.S. resident for not more than 

Do you certify under penalties of perjury that you have complied with all of your tax obligations for the 5

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# Section B Balance Sheet

List in U.S. dollars the fair market value and the U.S. adjusted basis of your assets and liabilities as of your expatriation date. For more details, see the separate instructions.

	Assets	(a) Fair market value (FMV)	<b>(b)</b> U.S. adjusted basis
1 2 3 4 5 a	Cash, including bank deposits	ASC	
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Pensions from services performed in the United States Pensions from services performed outside the United States Partnership interests. See instructions		
20	Total assets. Add lines 1 through 5 and lines 6 through 19. Don't include amounts on line 5a in this total	Amount	
21 22 23 24 25	Installment obligations	Amount	

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Secti	on C   Property Owned on Date of Expatriation
Don't	complete Section C if:
	• Your average net income tax liability for the 5 tax years immediately before expatriation (see line 1 in Section A) wasn't more than \$171,000, your net worth (see line 2 in Section A) was under \$2 million, and you checked "Yes" on line 6 in Section A;
	• In Section A, you checked "Yes" on lines 3, 4, and 6; or
	• In Section A, you checked "Yes" on lines 5 and 6.
1a	Do you have any <b>eligible deferred compensation items?</b> Checking the "Yes" box is an irrevocable waiver of any right to claim any reduction in withholding for such eligible deferred compensation item under any treaty with the United States
b	Do you have any <b>ineligible deferred compensation items?</b> If "Yes," you must include in income the present value of your account on the day before your expatriation date
С	Do you have any <b>specified tax deferred accounts?</b> If "Yes," you must include in income the entire account balance on the day before your expatriation date
d	Do you have an interest in a nongrantor trust? Checking the "Yes" box is a waiver of any right to claim

unless you make the election below
☐ Check this box to elect under section 877A(f)(4)(B) to be treated as having received the value of your entire interest in the
trust (as determined for purposes of section 877A) as of the day before your expatriation date. Attach a copy of your
valuation letter ruling issued by the IRS. See instructions.

any reduction in withholding on any distribution from such trust under any treaty with the United States

Recognition of gain or loss on the deemed sale of mark-to-market property. Caution: Don't include in column (a) any property described on line 1a, 1b, 1c, or 1d.

Complete column (g) only if you are deferring tax on gain from any property listed in column (a).

(a) Description of property	(b) Fair market value on day before date of expatriation	(c) Cost or other basis*	(d) Gain or (loss). Subtract (c) from (b)	(e) Gain after allocation of the exclusion amount (see instructions)	(f) Form or Schedule on which gain or loss is reported	(g) Amount of tax deferred (attach computations)
3 Total. Add the amounts	s in column (d) and colu	ımn (e)				
4 Total tax deferred. Add	d the amounts in colum					

<sup>\*</sup> You must identify as "(h)(2)" any property for which you are making the special basis election under section 877A(h)(2). This election is irrevocable. See the instructions for Part II, Section C, line 2, column (c).

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Section									
	<b>Election to defer tax.</b> You in the instructions.	ou can defer tax only if you have p	rovided adequate security. Adequa	ate security is described					
1	1 Are you electing to defer tax under section 877A(b)?								
	Checking the "Yes" box is an irrevocable waiver of any right under any treaty of the United States that would prevent assessment or collection of any tax imposed because of section 877A								
	If you checked the "Yes"	box, continue to line 2. Otherwise	, don't complete lines 2 through 5.	) F					
	1040-SR, line 24, for the	would have reported, absent the part of the year including the day	before the expatriation date abser						
		ne same part of the tax year determines are part of the tax year determines are computation	ermined without regard to the ame						
4	Subtract line 3 from line	2. This is the amount of tax eligible	ole for deferral	4					
5	Enter the total tax deferr	ed from Part II, Section C, line 4, co	olumn (g)	5					
	<ul> <li>If you are filing Form space for line 24. Identify</li> </ul>	1040 or 1040-SR, enter this amo	unt in brackets to the left of the	entry					
	<ul> <li>If you are filing Form 10</li> <li>24. Identify as "EXP."</li> </ul>	040-NR, enter this amount in brack	xets to the left of the entry space for	or line					
Part I	II Annual Expatriat	tion Statement for Persons W	ho Expatriated Before 2020						
-		efer the payment of tax, complete							
-		e deferred compensation, complet	e line 2.						
• If y	ou have an interest in a n	ongrantor trust, complete line 3.							
		o), and (c) for all property on which		Form 8854. Complete column (d)					
С	(a) escription of property	(b) Amount of mark-to-market gain or (loss) reported on prior year Form 8854	(c) Amount of tax deferred on prior year Form 8854	<b>(d)</b> Date of disposition (if any)					

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Part	II A	nnual Expatriation State	ement for Persons Who Expatriated	Before 2020 (continued)
2	Did you receive any distributions of eligible deferred compensation items for 2020?			
	If "Yes,	f "Yes," enter the amount of distribution(s) and amount withheld at source, if any, below.		
		Amount of distribution	Amount withheld at source, if any	
	1	2,700,000	990,000	
	2			
	3			
3 Did you receive any distributions from a nongrantor trust for 2020?				Yes <b>☑</b> No
	If "Yes,	s," enter the amount of distribution(s) and amount withheld at source, if any, below.		
		Amount of distribution Amount withheld at source, if any		
	1			/     /
	2			
	3		7	
				ing accompanying schedules and statements, and to the
		of which preparer has any kn		on of preparer (other than filer) is based on all information
Sian	Here	of which preparer has any kin	owicage.	
		Your signature		Date

Preparer's signature

Print/Type preparer's name

Firm's name ►
Firm's address ►

Paid

Preparer Use Only

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PTIN

Check if self-employed

Firm's EIN ►

Phone no.

Date