

April 21, 2017

1040NR Individual ATS Scenario 5

Taxpayer: John Pear

SSN: 123-00-5555

Forms Included in the Scenario:

- Form 1040NR
- Form 8840
- Form 8843
- Form RRB-1042S

Additional information:

John Pear

100 Sainte Chapelle

Paris, FR 75001

Identity Protection PIN: 123456

Form RRB-1042S

NameLine1Txt	John Pear
PrimarySSN	123-00-5555
ForeignAddress	100 Sainte Chapelle Paris FR, 75001
GrossSocSecBnftTier1PaidAmt	1,000.00
NetSocSecBnftTier1PaidAmt	1,000.00
FederalIncomeTaxWithheldAmt	255.00

Return Summary:

This return is a:

- Married nonresident alien
- The return is signed using a self-select signature pin method.

beginning 1-1, 2017, and ending 12-31, 2017

Please print or type

Identifying number (see instructions) 123-00-5555
Your first name and initial John, Last name Pear
Present home address (number, street, and apt. no., or rural route). If you have a P.O. box, see instructions. 100 Sainte Chapelle
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. Paris
Foreign country name FR, Foreign province/state/county, Foreign postal code 75001

Filing Status

Check only one box.

1 Single resident of Canada or Mexico or single U.S. national
2 Other single nonresident alien
3 Married resident of Canada or Mexico or married U.S. national
4 Married resident of South Korea
5 Other married nonresident alien
6 Qualifying widow(er) (see instructions)
If you checked box 3 or 4 above, enter the information below. Child's name
(i) Spouse's first name and initial Joan, (ii) Spouse's last name Pear, (iii) Spouse's identifying number 123-00-5550

Exemptions

If more than four dependents, see instructions.

7a [X] Yourself. If someone can claim you as a dependent, do not check box 7a
7b [ ] Spouse. Check box 7b only if you checked box 3 or 4 above and your spouse did not have any U.S. gross income
7c Dependents: (1) First name, Last name, (2) Dependent's identifying number, (3) Dependent's relationship to you, (4) [X] if qualifying child for child tax credit (see instr.)
d Total number of exemptions claimed

Income Effectively Connected With U.S. Trade/Business

Attach Form(s) W-2, 1042-S, SSA-1042S, RRB-1042S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld.

8 Wages, salaries, tips, etc. Attach Form(s) W-2
9a Taxable interest
9b Tax-exempt interest. Do not include on line 9a
10a Ordinary dividends
10b Qualified dividends (see instructions)
11 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)
12 Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)
13 Business income or (loss). Attach Schedule C or C-EZ (Form 1040)
14 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here [ ]
15 Other gains or (losses). Attach Form 4797
16a IRA distributions, 16b Taxable amount (see instructions)
17a Pensions and annuities, 17b Taxable amount (see instructions)
18 Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040)
19 Farm income or (loss). Attach Schedule F (Form 1040)
20 Unemployment compensation
21 Other income. List type and amount (see instructions)
22 Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e)
23 Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income

Adjusted Gross Income

24 Educator expenses (see instructions)
25 Health savings account deduction. Attach Form 8889
26 Moving expenses. Attach Form 3903
27 Deductible part of self-employment tax. Attach Schedule SE (Form 1040)
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction (see instructions)
30 Penalty on early withdrawal of savings
31 Scholarship and fellowship grants excluded
32 IRA deduction (see instructions)
33 Student loan interest deduction (see instructions)
34 Domestic production activities deduction. Attach Form 8903
35 Add lines 24 through 34
36 Subtract line 35 from line 23. This is your adjusted gross income

Tax and Credits

37 Amount from line 36 (adjusted gross income) . . . . . 37
38 Itemized deductions from page 3, Schedule A, line 15 . . . . . 38
39 Subtract line 38 from line 37 . . . . . 39
40 Exemptions (see instructions) . . . . . 40
41 Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0- . . . . . 41
42 Tax (see instructions). Check if any tax is from: a Form(s) 8814 b Form 4972 . . . . . 42
43 Alternative minimum tax (see instructions). Attach Form 6251 . . . . . 43
44 Excess advance premium tax credit repayment. Attach Form 8962 . . . . . 44
45 Add lines 42, 43, and 44 . . . . . 45
46 Foreign tax credit. Attach Form 1116 if required . . . . . 46
47 Credit for child and dependent care expenses. Attach Form 2441 . . . . . 47
48 Retirement savings contributions credit. Attach Form 8880 . . . . . 48
49 Child tax credit. Attach Schedule 8812, if required . . . . . 49
50 Residential energy credit. Attach Form 5695 . . . . . 50
51 Other credits from Form: a 3800 b 8801 c . . . . . 51
52 Add lines 46 through 51. These are your total credits . . . . . 52
53 Subtract line 52 from line 45. If line 52 is more than line 45, enter -0- . . . . . 53

Other Taxes

54 Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule NEC, line 15 . . . . . 54
55 Self-employment tax. Attach Schedule SE (Form 1040) . . . . . 55
56 Unreported social security and Medicare tax from Form: a 4137 b 8919 . . . . . 56
57 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . . . . . 57
58 Transportation tax (see instructions) . . . . . 58
59a Household employment taxes from Schedule H (Form 1040) . . . . . 59a
b First-time homebuyer credit repayment. Attach Form 5405 if required . . . . . 59b
60 Taxes from: a Form 8959 b Instructions; enter code(s) . . . . . 60
61 Add lines 53 through 60. This is your total tax . . . . . 61

Payments

62 Federal income tax withheld from:
a Form(s) W-2 and 1099 . . . . . 62a
b Form(s) 8805 . . . . . 62b
c Form(s) 8288-A . . . . . 62c
d Form(s) 1042-S . . . . . 62d
63 2017 estimated tax payments and amount applied from 2016 return . . . . . 63
64 Additional child tax credit. Attach Schedule 8812 . . . . . 64
65 Net premium tax credit. Attach Form 8962 . . . . . 65
66 Amount paid with request for extension to file (see instructions) . . . . . 66
67 Excess social security and tier 1 RRTA tax withheld (see instructions) . . . . . 67
68 Credit for federal tax paid on fuels. Attach Form 4136 . . . . . 68
69 Credits from Form: a 2439 b Reserved c 8885 d . . . . . 69
70 Credit for amount paid with Form 1040-C . . . . . 70
71 Add lines 62a through 70. These are your total payments . . . . . 71

Refund

Direct deposit? See instructions.

72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid . . . . . 72
73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here . . . . . 73a
b Routing number . . . . .
c Type: Checking Savings
d Account number . . . . .
e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.
74 Amount of line 72 you want applied to your 2018 estimated tax . . . . . 74

Amount You Owe

75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions . . . . . 75
76 Estimated tax penalty (see instructions) . . . . . 76

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No
Designee's name Phone no. Personal identification number (PIN)

Sign Here

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature Date Your occupation in the United States If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
John Pear 4/15/18 Painter

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
Firm's name Firm's EIN
Firm's address Phone no.

**Schedule A—Itemized Deductions** (see instructions)

07

<b>Taxes You Paid</b>	<b>1</b>	State and local income taxes . . . . .			<b>1</b>
<b>Gifts to U.S. Charities</b>		<b>Caution:</b> If you made a gift and received a benefit in return, see instructions.			
	<b>2</b>	Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	<b>2</b>		
	<b>3</b>	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if the amount of your deduction is over \$500 . . . . .	<b>3</b>		
	<b>4</b>	Carryover from prior year . . . . .	<b>4</b>		
	<b>5</b>	Add lines 2 through 4 . . . . .			<b>5</b>
<b>Casualty and Theft Losses</b>	<b>6</b>	Casualty or theft loss(es). Attach Form 4684. See instructions . . . . .			<b>6</b>
<b>Job Expenses and Certain Miscellaneous Deductions</b>	<b>7</b>	Unreimbursed employee expenses—job travel, union dues, job education, etc. You <b>must</b> attach Form 2106 or Form 2106-EZ if required. See instructions ▶	<b>7</b>		
	<b>8</b>	Tax preparation fees . . . . .	<b>8</b>		
	<b>9</b>	Other expenses. See instructions for expenses to deduct here. List type and amount ▶ ----- ----- ----- -----	<b>9</b>		
	<b>10</b>	Add lines 7 through 9 . . . . .	<b>10</b>		
	<b>11</b>	Enter the amount from Form 1040NR, line 37 . . . . .	<b>11</b>		
	<b>12</b>	Multiply line 11 by 2% (0.02) . . . . .	<b>12</b>		
	<b>13</b>	Subtract line 12 from line 10. If line 12 is more than line 10, enter -0- . . . . .			<b>13</b>
<b>Other Miscellaneous Deductions</b>	<b>14</b>	Other—see instructions for expenses to deduct here. List type and amount ▶ ----- ----- ----- ----- -----			<b>14</b>
<b>Total Itemized Deductions</b>	<b>15</b>	Is Form 1040NR, line 37, over the amount shown below for the filing status box you checked on page 1 of Form 1040NR: • \$313,800 if you checked box 6; • \$261,500 if you checked box 1 or 2; or • \$156,900 if you checked box 3, 4, or 5? <input type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 1 through 14. Also enter this amount on Form 1040NR, line 38. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter here and on Form 1040NR, line 38.			<b>15</b>

DRAFT AS OF August 22, 2017

DO NOT FILE

**Schedule NEC—Tax on Income Not Effectively Connected With a U.S. Trade or Business** (see instructions)

Nature of income		Enter amount of income under the appropriate rate of tax (see instructions)						(d) Other (specify)	
		(a) 10%		(b) 15%		(c) 30%		%	%
<b>1</b> Dividends paid by:									
<b>a</b> U.S. corporations	<b>1a</b>								
<b>b</b> Foreign corporations	<b>1b</b>								
<b>2</b> Interest:									
<b>a</b> Mortgage	<b>2a</b>								
<b>b</b> Paid by foreign corporations	<b>2b</b>								
<b>c</b> Other	<b>2c</b>								
<b>3</b> Industrial royalties (patents, trademarks, etc.)	<b>3</b>								
<b>4</b> Motion picture or T.V. copyright royalties	<b>4</b>								
<b>5</b> Other royalties (copyrights, recording, publishing, etc.)	<b>5</b>								
<b>6</b> Real property income and natural resources royalties	<b>6</b>								
<b>7</b> Pensions and annuities	<b>7</b>								
<b>8</b> Social security benefits	<b>8</b>								
<b>9</b> Capital gain from line 18 below	<b>9</b>								
<b>10</b> Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-.									
<b>a</b> Winnings									
<b>b</b> Losses	<b>10c</b>								
<b>11</b> Gambling winnings—Residents of countries other than Canada. Note: Losses not allowed	<b>11</b>								
<b>12</b> Other (specify) ▶	<b>12</b>								
<b>13</b> Add lines 1a through 12 in columns (a) through (d)	<b>13</b>								
<b>14</b> Multiply line 13 by rate of tax at top of each column	<b>14</b>								
<b>15</b> 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 1040NR, line 54 ▶	<b>15</b>								

**Capital Gains and Losses From Sales or Exchanges of Property**

Enter only the capital gains and losses from property sales or exchanges that are from sources 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 on Schedule D (Form 1040), Form 4797, or both.	<b>16</b>	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) LOSS		(g) GAIN		
							If (e) is more than (d), subtract (d) from (e)		If (d) is more than (e), subtract (e) from (d)		
	<b>17</b>	Add columns (f) and (g) of line 16					<b>17</b>	(		)	
	<b>18</b>	<b>Capital gain.</b> Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter -0-) ▶					<b>18</b>				

**Schedule OI—Other Information** (see instructions)

Answer all questions

- A** Of what country or countries were you a citizen or national during the tax year? FR
- B** In what country did you claim residence for tax purposes during the tax year? FR
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? . . . . .  Yes  No
- D** Were you ever:
- 1.** A U.S. citizen? . . . . .  Yes  No
- 2.** A green card holder (lawful permanent resident) of the United States? . . . . .  Yes  No
- If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** 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. immigration status on the last day of the tax year. B1/B2
- 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. ▶
- G** List all dates you entered and left the United States during 2017. See instructions.  
**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 mm/dd/yy	Date departed United States mm/dd/yy
06/14/17	12/11/17
08/14/16	08/29/16

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:  
2015 0, 2016 15, and 2017 180
- I** Did you file a U.S. income tax return for any prior year? . . . . .  Yes  No  
If "Yes," give the latest year and form number you filed ▶
- J** Are you filing a return for a trust? . . . . .  Yes  No  
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? . . . . .  Yes  No
- K** Did you receive total compensation of \$250,000 or more during the tax year? . . . . .  Yes  No  
If "Yes," did you use an alternative method to determine the source of this compensation? . . . . .  Yes  No
- 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.

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year

- (e) Total.** Enter this amount on Form 1040NR, line 22. Do not enter it on line 8 or line 12 . . . . .
- 2.** Were you subject to tax in a foreign country on any of the income shown in 1(d) above? . . . . .  Yes  No
- 3.** Are you claiming treaty benefits pursuant to a Competent Authority determination? . . . . .  Yes  No  
If "Yes," attach a copy of the Competent Authority determination letter to your return.

# Closer Connection Exception Statement for Aliens

▶ Attach to Form 1040NR or Form 1040NR-EZ.  
▶ Go to [www.irs.gov/Form8840](http://www.irs.gov/Form8840) for the latest information.  
For the year January 1–December 31, 2017, or other tax year

**2017**

Attachment Sequence No. **101**

Department of the Treasury  
Internal Revenue Service

beginning 1-1, 2017, and ending 12-31, 20 17.

Your first name and initial

John

Last name

Pear

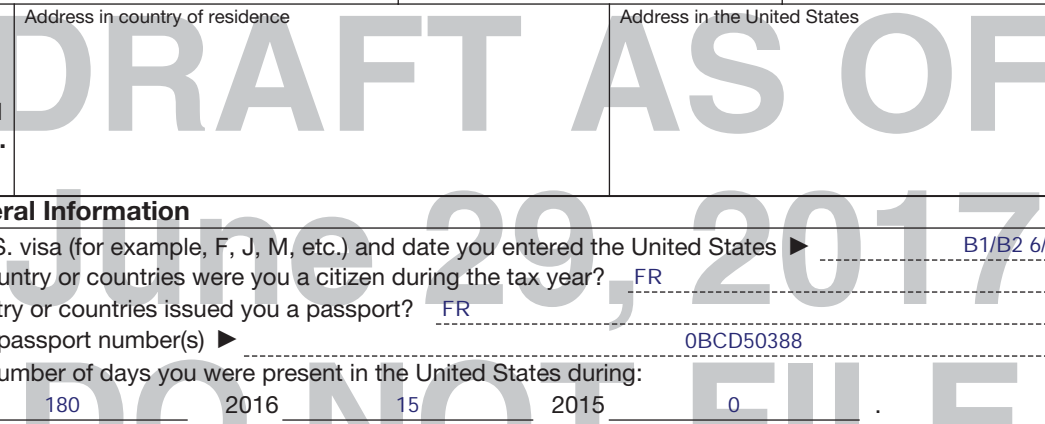
Your U.S. taxpayer identification number, if any

123-00-5555

**Fill in your addresses only if you are filing this form by itself and not with your U.S. tax return**

Address in country of residence

Address in the United States



## Part I General Information

- 1 Type of U.S. visa (for example, F, J, M, etc.) and date you entered the United States ▶ B1/B2 6/14/17
- 2 Of what country or countries were you a citizen during the tax year? FR
- 3 What country or countries issued you a passport? FR
- 4 Enter your passport number(s) ▶ 0BCD50388
- 5 Enter the number of days you were present in the United States during:  
2017 180 2016 15 2015 0
- 6 During 2017, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status in the United States or have an application pending to change your status to that of a lawful permanent resident of the United States? See instructions  Yes  No

## Part II Closer Connection to One Foreign Country (see instructions)

- 7 Where was your tax home during 2017? \_\_\_\_\_
- 8 Enter the name of the foreign country to which you had a closer connection than to the United States during 2017.  
▶ FR  
Next, complete Part IV.

## Part III Closer Connection to Two Foreign Countries (see instructions)

- 9 Where was your tax home on January 1, 2017? \_\_\_\_\_
- 10 After changing your tax home from its location on January 1, 2017, where was your tax home for the remainder of 2017?  
\_\_\_\_\_  
\_\_\_\_\_
- 11 Did you have a closer connection to each foreign country listed on lines 9 and 10 than to the United States for the period during which you maintained a tax home in that foreign country?  Yes  No  
If "No," attach an explanation.
- 12 Were you subject to tax as a resident under the internal laws of (a) either of the countries listed on lines 9 and 10 during all of 2017 or (b) both of the countries listed on lines 9 and 10 for the period during which you maintained a tax home in each country?  Yes  No
- 13 Have you filed or will you file tax returns for 2017 in the countries listed on lines 9 and 10?  Yes  No  
If "Yes" to either line 12 or line 13, attach verification.  
If "No" to either line 12 or line 13, please explain ▶ \_\_\_\_\_

Next, complete Part IV.

**Part IV Significant Contacts With Foreign Country or Countries in 2017**

14 Where was your regular or principal permanent home located during 2017? See instructions. FR

15 If you had more than one permanent home available to you at all times during 2017, list the location of each and explain ▶

16 Where was your family located? FR

17 Where was your automobile(s) located? FR

18 Where was your automobile(s) registered? FR

19 Where were your personal belongings, furniture, etc., located? FR

20 Where was the bank(s) with which you conducted your routine personal banking activities located?

a FR c

b d

21 Did you conduct business activities in a location other than your tax home?  Yes  No  
If "Yes," where?

22a Where was your driver's license issued? FR

b If you hold a second driver's license, where was it issued?

23 Where were you registered to vote? FR

24 When completing official documents, forms, etc., what country do you list as your residence? FR

25 Have you ever completed:

a Form W-8BEN or any other W-8 form (relating to foreign status)?  Yes  No

b Form W-9, Request for Taxpayer Identification Number and Certification?  Yes  No

c Form 1078, Certificate of Alien Claiming Residence in the United States?  Yes  No

d Any other U.S. official forms? If "Yes," indicate the form(s) ▶  Yes  No

26 In what country or countries did you keep your personal, financial, and legal documents? FR

27 From what country or countries did you derive the majority of your 2017 income? FR

28 Did you have any income from U.S. sources?  Yes  No

If "Yes," what type? Railroad Retirement Board

29 In what country or countries were your investments located? See instructions.

30 Did you qualify for any type of "national" health plan sponsored by a foreign country?  Yes  No

If "Yes," in what country? FR

If "No," please explain ▶

If you have any other information to substantiate your closer connection to a country other than the United States or you wish to explain in more detail any of your responses to lines 14 through 30, attach a statement to this form.

**Sign here only if you are filing this form by itself and not with your U.S. tax return**

Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

▶ \_\_\_\_\_  
Your signature

▶ \_\_\_\_\_  
Date



**Statement for Exempt Individuals and Individuals With a Medical Condition**  
For use by alien individuals only.

**2017**

Attachment Sequence No. **102**

▶ Go to [www.irs.gov/Form8843](http://www.irs.gov/Form8843) for the latest information.

Department of the Treasury  
Internal Revenue Service

For the year January 1—December 31, 2017, or other tax year  
beginning 1-1, 2017, and ending 12-31, 20 17.

Your first name and initial  
John

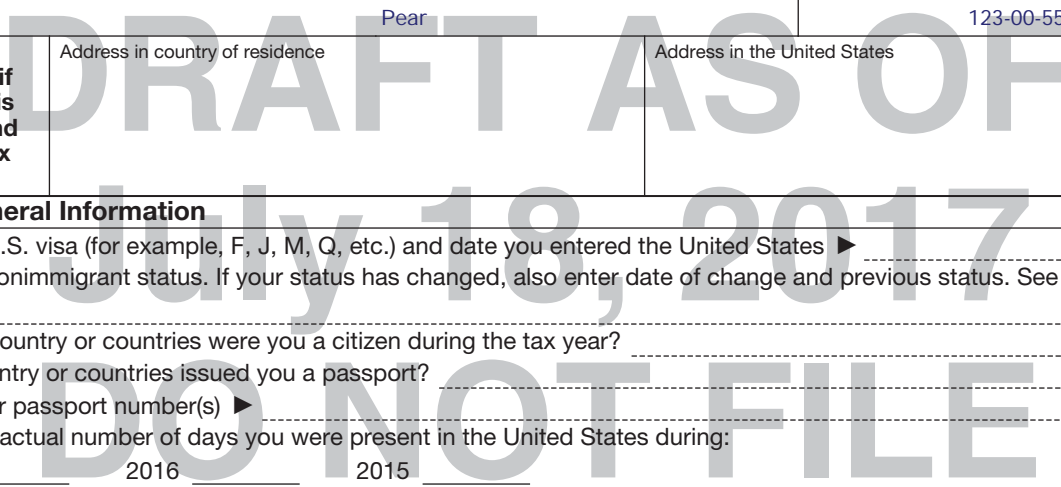
Last name  
Pear

Your U.S. taxpayer identification number, if any  
123-00-5555

**Fill in your addresses only if you are filing this form by itself and not with your tax return**

Address in country of residence

Address in the United States



**Part I General Information**

- 1a** Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ▶ \_\_\_\_\_
- b** Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions. \_\_\_\_\_
- 2** Of what country or countries were you a citizen during the tax year? \_\_\_\_\_
- 3a** What country or countries issued you a passport? \_\_\_\_\_
- b** Enter your passport number(s) ▶ \_\_\_\_\_
- 4a** Enter the actual number of days you were present in the United States during:  
2017 \_\_\_\_\_ 2016 \_\_\_\_\_ 2015 \_\_\_\_\_
- b** Enter the number of days in 2017 you claim you can exclude for purposes of the substantial presence test ▶ 10

**Part II Teachers and Trainees**

- 5** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2017 ▶ \_\_\_\_\_
- 6** For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2017 ▶ \_\_\_\_\_
- 7** Enter the type of U.S. visa (J or Q) you held during: ▶ 2011 \_\_\_\_\_ 2012 \_\_\_\_\_  
2013 \_\_\_\_\_ 2014 \_\_\_\_\_ 2015 \_\_\_\_\_ 2016 \_\_\_\_\_. If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired.
- 8** Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior calendar years (2011 through 2016)? . . . . .  Yes  No  
If you checked the "Yes" box on line 8, you cannot exclude days of presence as a teacher or trainee unless you meet the *Exception* explained in the instructions.

**Part III Students**

- 9** Enter the name, address, and telephone number of the academic institution you attended during 2017 ▶ \_\_\_\_\_
- 10** Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2017 ▶ \_\_\_\_\_
- 11** Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2011 \_\_\_\_\_ 2012 \_\_\_\_\_  
2013 \_\_\_\_\_ 2014 \_\_\_\_\_ 2015 \_\_\_\_\_ 2016 \_\_\_\_\_. If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired.
- 12** Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar years? . . . . .  Yes  No  
If you checked the "Yes" box on line 12, you must provide sufficient facts on an attached statement to establish that you do not intend to reside permanently in the United States.
- 13** During 2017, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status in the United States or have an application pending to change your status to that of a lawful permanent resident of the United States? . . . . .  Yes  No
- 14** If you checked the "Yes" box on line 13, explain ▶ \_\_\_\_\_

**Part IV Professional Athletes**

**15** Enter the name of the charitable sports event(s) in the United States in which you competed during 2017 and the dates of competition ▶ \_\_\_\_\_  
\_\_\_\_\_

**16** Enter the name(s) and employer identification number(s) of the charitable organization(s) that benefited from the sports event(s) ▶ \_\_\_\_\_  
\_\_\_\_\_

**Note:** You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable organization(s) listed on line 16.

**Part V Individuals With a Medical Condition or Medical Problem**

**17a** Describe the medical condition or medical problem that prevented you from leaving the United States ▶ Ebola virus  
\_\_\_\_\_  
\_\_\_\_\_

**b** Enter the date you intended to leave the United States prior to the onset of the medical condition or medical problem described on line 17a ▶ 08/24/17  
\_\_\_\_\_

**c** Enter the date you actually left the United States ▶ 12/11/17  
\_\_\_\_\_

**18 Physician's Statement:**

I certify that \_\_\_\_\_  
Name of taxpayer

was unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem described on line 17a and there was no indication that his or her condition or problem was preexisting.

\_\_\_\_\_  
Name of physician or other medical official

\_\_\_\_\_  
Physician's or other medical official's address and telephone number

\_\_\_\_\_  
Physician's or other medical official's signature

\_\_\_\_\_  
Date

**Sign here only if you are filing this form by itself and not with your tax return**

Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my knowledge and belief, they are true, correct, and complete.

▶ \_\_\_\_\_  
Your signature

▶ \_\_\_\_\_  
Date