

*2017 Income Tax Organizer
Expatriate Supplement*

*Powers & Company
PO Box 882
Mahopac, NY 10541
Telephone: 845-803-8753
Fax: 845-803-8759*

www.tax-power.com

Reproduction of any of the attached material without the expressed written consent of Powers & Company is prohibited. Any violations will be prosecuted to the fullest extent of the law. 2017 Income Tax Questionnaire-Expatriate Supplement

Powers & Company

2017 Expatriate Tax Organizer Supplement

Please complete a separate supplement for each spouse
General Information (Please Print)

Taxpayer: _____
First Name Mid. Init. Last Name Social Sec. Number

Foreign Address: _____

Enter country of citizenship _____

Type of entry Visa _____

Visa Number _____

Does your Visa limit your stay in the foreign country? _____

List contractual terms relating to your stay in the foreign country.

Did you maintain a home in the US while abroad? _____

If yes, was it rented? _____

Enter address in the US, the names of any tenants and any relationship. _____

Employer's Name: _____

Employer's U.S. address: _____

Employer's Foreign address: _____

Employer is: ___ Self ___ Foreign entity
 ___ U.S. Company ___ Foreign affiliate of U.S. company

Have you ever excluded foreign income in the past? _____

If yes, enter years _____

Foreign Residence Information (Please Print)

Date your foreign residence began _____

Does your family live abroad with you? _____

If yes, enter period _____

Do you maintain a separate foreign residence for your family due to adverse living conditions? _____

If Yes, enter city and country where family resides _____

Enter type of living quarters you maintain (ie. Rented room or home, purchased home, quarters provided by employer) _____

Are you subject to tax in the foreign country? _____

If yes, provide a list of dates and amounts paid during the year.

If no, have you provided a statement to the foreign tax authorities that you are not a resident of that country? _____

Please describe what steps that you have taken to relinquish your abode in the U.S. as pursuant to IRC Section 911(d)(3) a U.S. person who's abode is in the U.S. cannot have a foreign tax home and therefore may not exclude foreign earned income. Note that abode means basically where your primary residence exists, For example if you live in Michigan and commute to a job in Canada daily, your tax home (even though in a foreign country) is deemed to be in the U.S.

Powers & Company

2017 Expatriate Tax Organizer Supplement

Please complete a separate supplement for each spouse

Qualifying Earnings and Days Information (Please Print)

US EARNED INCOME

List all days spent in the U.S. in Year 2017 and amounts earned while in the U.S.

Note: a partial day in the U.S. is counted as a full day in the U.S.

Dates arrived in the US	Dates left US	Number of days in the US total	Number of US days on business	Income Earned while in the US (attach computation)
-------------------------	---------------	--------------------------------	-------------------------------	--

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FOREIGN PHYSICAL PRESENCE

List all countries in which you were physically present beginning January 1, 2015-2017 through the time that this questionnaire is completed. Please list all foreign travel beginning when you first left the U.S. Attach a separate schedule if necessary.

Country	Date arrived	Date departed	Number of full days in country	Number of days on business	Income Earned (attach computation)
---------	--------------	---------------	--------------------------------	----------------------------	------------------------------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total wages, salary, bonuses, commissions, etc. earned in 2017 in a foreign country US\$_____. The maximum foreign earned income exclusion for 2015 is \$100,800.

List all employee allowances and reimbursed expenses received (COLA, home leave, housing, education, etc.):

Description	Amount (USD)
_____	_____
_____	_____
_____	_____

List all non cash compensation (home, meals, auto, etc):

Description	Amount (USD)
_____	_____
_____	_____
_____	_____

