

*2020 Income Tax Organizer
Expatriate Supplement*

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2020 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
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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.

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Qualifying Earnings and Days Information (Please Print)

US EARNED INCOME

List all days spent in the U.S. in Year 2020 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)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FOREIGN PHYSICAL PRESENCE

List all countries in which you were physically present beginning January 1, 2020 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)
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total wages, salary, bonuses, commissions, etc. earned in 2020 in a foreign country
US\$_____. The maximum foreign earned income exclusion for 2020 is \$107,600.

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

Description	Amount (USD)
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_____	_____
_____	_____
_____	_____

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

Description	Amount (USD)
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_____	_____
_____	_____
_____	_____

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Qualifying Housing Costs (Please Print)

List foreign housing costs and expenses during 2020

Description	Amount (USD)
_____	_____
_____	_____
_____	_____
_____	_____

Foreign Taxes Paid or Accrued: Provide details of all foreign taxes paid for 2019. Provide copies of foreign tax returns with translation of all tax and income items.

Foreign National's with U.S. Source Income

Citizen of: _____

Resident of: _____

Other countries in which you filed income tax returns and paid tax: _____

If you are a citizen of a country other than the U.S. with U.S. source income, provide the information requested in the main tax organizer under Foreign Employment/Residence and Non U.S. Taxpayers.

The Affordable Care Act does not apply to Americans who are legal residents of foreign countries for the entire year.

Taxpayer's Declaration

To the best of my knowledge, the information included in this tax organizer, which is used for the preparation of my income tax return(s), is true, accurate and correct, and that I have the necessary documentation to substantiate the deductions claimed on my return.

Taxpayer's Signature Date

Spouse's Signature Date