Our first taxpayer is Simone Dupont. Here is basic information about her:

She was born April 15,1996. She is a citizen and permanent resident of France and is single. Her address in her home country is 4111 East Road, Any City, France. She came to the United States in F-1 immigration status on August 1, 2014. She has remained in this country ever since and is a full-time student at the local university.

Simone began working on the university campus on January 3, 2016. She filed Form 8233 with the payroll department on January 15, 2016, allowing the university to not withhold taxes.

She did not have to pay income tax in France on her U.S. earnings. She did not take any affirmative steps to apply for permanent residence in the United States.

If Simone must submit a return, she wants any refund mailed to her. She does not want to authorize anyone else to discuss the return with the IRS.

Form **13614-NR** (October 2016)	**Nonresident Alien Intake and Interview Sheet**	OMB Number 1545-2075

Last or Family Name: **DUPONT** | First: **SIMONE** | Middle Initial:

ITIN or Social Security #: **XXX-XX-XXXX** | Visa #: | Passport #: **2674130984**

Date of Birth: *(mm/dd/yyyy)* **04** / **15** / **1996** | Telephone #: **(XXX) XXX-XXXX** | e-mail Address:

Were you a U.S. citizen or resident alien the entire year? ☒ **Yes** ☐ **No** | **Were you ever a U.S. citizen?** ☐ **Yes** ☒ **No**

U.S. Local Street Address: **345 TOWN AVE.**

City: **TOWN CENTER** | State: **KS** | Zip Code: **67000**

Foreign Residence Address: **4111 EAST ROAD**

Address Line 2: **ANY CITY**

Foreign Country: **FRANCE** | Province/County: | Postal Code:

Country of Citizenship: **FRANCE** | Country that issued Passport: **FRANCE**

Are you married? ☐ Yes ☒ No If "YES", is your spouse in the U.S.? ☐ Yes ☐ No

If "YES", is it recognized by the State where you will be filing? ☐ Yes ☐ No

Are you a:

U.S. National	Resident of Canada	Resident of Mexico	Resident of South Korea	Resident of India
☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No

Dependent Information

First Name	Last or Family Name	Date of Birth (mm/dd/yyyy)	ITIN or SSN	Relationship to you (son, daughter, none, etc.)	Number of months lived with you in the U.S.	U.S. citizen, U.S. resident alien, U.S. national, or a resident of Canada, Mexico, or South Korea	Did person file joint return?	Did person provide more than 50% of their own support?	Did you provide more than 50% of their support?	Did the person have Gross Income of $4,050 or more?

What is the date you FIRST entered the United States? **08** / **01** / **2014**

Entry Immigration Status - Check one:

☐ U.S. Immigrant/Permanent Resident ☒ F-1 Student ☐ F-2 Spouse or child of Student

☐ H-1 Temporary Employee ☐ *J-1 Exchange Visitor ☐ J-2 Spouse or child of Exchange Visitor

Other: *(List)*

Current Immigration Status - Check one:

☐ U.S. Immigrant/Permanent Resident ☒ F-1 Student ☐ F-2 Spouse or child of Student

☐ H-1 Temporary Employee ☐ *J-1 Exchange Visitor ☐ J-2 Spouse or child of Exchange Visitor

Other: *(List)*

Have you ever changed your visa type or U.S. immigration status? ☐ Yes ☒ No

If "Yes", indicate the date and nature of the change. ____ / ____ / ____

Enter the type of U.S. visa you held during these years:

2010 ____ 2011 ____ 2012 ____ 2013 ____ 2014 **F-1** 2015 **F-1**

* **If Immigration status is J-1, what is the subtype? Check one:**

☐ 01 Student ☐ 05 Professor ☐ 12 Research Scholar

☐ 02 Short Term Scholar Other: *(List)*

What is the actual primary activity of the visit? Check one:

☒ 01 Studying in a Degree Program ☐ 04 Lecturing ☐ 07 Conducting Research ☐ 10 Clinical Activities

☐ 02 Studying in a Non-Degree Program ☐ 05 Observing ☐ 08 Training ☐ 11 Temporary Employment

☐ 03 Teaching ☐ 06 Consulting ☐ 09 Demonstrating Special Skills ☐ 12 Here with Spouse

Check the years you were present in the United States as a teacher, trainee, or student for any part of the year.

☐ 2010 ☐ 2011 ☐ 2012 ☐ 2013 ☒ 2014 ☒ 2015

Were you present in the U.S. on a teacher, trainee or student visa for any part of more than any 5 calendar years? ☐ Yes ☒ No

How many days (including vacations, nonworkdays and partial days) were you present in the U.S. during:

2014 **153** 2015 **365** 2016 **366**

List the dates you entered and left the United States during 2016:

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

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

Did you file a U.S. income tax return for any year before 2016? ☒ Yes ☐ No

If "Yes", give latest year **04** / **15** / **2015** Form number filed **1040NR-EZ**

During 2016, did you apply to be a green card holder (lawful permanent resident) of the United States? ☐ Yes ☒ No

Do you have an application pending to change your status to lawful permanent resident? ☐ Yes ☒ No

1. Are you claiming the benefits of a U.S. income tax treaty with a foreign country? ☒ Yes ☐ No

If "Yes", enter the appropriate information in the columns below:

(a) Country	**(b)** Tax Treaty Article	**(c)** Number of months claimed in prior tax years	**(d)** Amount of exempt income in current tax year
FRANCE	**21(1)**	**12**	**$5,000**

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? ☒ Yes ☐ No

Information about academic institution you attended in 2016

Name: **HOMETOWN UNIVERSITY** Telephone Number: **(XXX) XXX-XXXX**

Address: **123 HOME AVE., TOWN CENTER, KS 67000**

Name of the director of your academic or specialized program: **DOUG SMITH**

Address: **125 HOME AVE., TOWN CENTER, KS 67000**

Telephone Number: **(XXX) XXX-XXXX**

During 2016 did you receive:		**Did you have:**	
Scholarships or Fellowship Grants	☐ Yes ☒ No	Casualty or Theft Losses	☐ Yes ☒ No
Wages, Salaries or Tips	☒ Yes ☐ No	Student Loan Interest Paid	☐ Yes ☒ No
Interest or Dividend Income	☐ Yes ☒ No	State or Local Income Taxes	☐ Yes ☒ No
Distributions from IRA, Pension or Annuity	☐ Yes ☒ No	U.S. Charitable Contributions	☐ Yes ☒ No
Business Income	☐ Yes ☒ No	Moving Expenses	☐ Yes ☒ No
Unemployment Compensation	☐ Yes ☒ No	Business Expenses	☐ Yes ☒ No
Capital gains or losses	☐ Yes ☒ No	Child/Dependent Care Expenses	☐ Yes ☒ No
Any Other Income *(gambling, lottery, prizes, awards, rents, royalties, etc.)*	☐ Yes ☒ No	IRA Contributions	☐ Yes ☒ No

Did you or any dependent have health insurance coverage through **HealthCare.gov** (The Marketplace)? ☐ Yes ☒ No

Privacy Act and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory.

Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-2075. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

a Employee's social security number XXX-XX-XXXX	OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at *www.irs.gov/efile*
b Employer identification number (EIN) XX-XXXXXXX	1 Wages, tips, other compensation 6,225.00	2 Federal income tax withheld 801.00	
c Employer's name, address, and ZIP code HOMETOWN UNIVERSITY 123 HOME AVENUE TOWN CENTER, KS 67000	3 Social security wages	4 Social security tax withheld	
	5 Medicare wages and tips	6 Medicare tax withheld	
	7 Social security tips	8 Allocated tips	
d Control number	9	10 Dependent care benefits	
e Employee's first name and initial Last name Suff. SIMONE DUPONT 345 TOWN AVENUE TOWN CENTER, KS 67000	11 Nonqualified plans	12a See instructions for box 12 Code	
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code	
	14 Other	12c Code	
		12d Code	
f Employee's address and ZIP code			

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
KS	XX-XXXXXXX	6,225.00	97.00			

Form **W-2** **Wage and Tax Statement** 2016 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.

Form **1042-S**

Department of the Treasury
Internal Revenue Service

Foreign Person's U.S. Source Income Subject to Withholding

▶ Information about Form 1042-S and its separate instructions is at *www.irs.gov/form1042s.*

2016

☐ **AMENDED** ☐ **PRO-RATA BASIS REPORTING**

OMB No. 1545-0096

Copy B
for Recipient

1 Income code: 20	**2** Gross income: 5,000.00	**3** Chapter indicator. Enter "3" or "4"	**13e** Recipient's U.S. TIN, if any: XXX-XX-XXXX
		3a Exemption code / **4a** Exemption code	**13f** Ch. 3 status code / **13g** Ch. 4 status code
		3b Tax rate . / **4b** Tax rate .	**13h** Recipient's GIIN / **13i** Recipient's foreign tax identification number, if any / **13j** LOB code
5 Withholding allowance			
6 Net income: 5,000.00		**7b** Check if tax not deposited with IRS pursuant to escrow procedure ☐	
7a Federal tax withheld			
8 Tax withheld by other agents			**13k** Recipient's account number / **13l** Recipient's date of birth: 04/15/1996
9 Tax paid by withholding agent			
10 Total withholding credit			**14a** Primary Withholding Agent's Name (if applicable)
11 Amount repaid to recipient			**14b** Primary Withholding Agent's EIN
12a Withholding agent's EIN: XX-XXXXXXX	**12b** Ch. 3 status code	**12c** Ch. 4 status code	**15a** Intermediary or flow-through entity's EIN, if any / **15b** Ch. 3 status code / **15c** Ch. 4 status code
12d Withholding agent's name: HOMETOWN UNIVERSITY			**15d** Intermediary or flow-through entity's name
12e Withholding agent's Global Intermediary Identification Number (GIIN)			**15e** Intermediary or flow-through entity's GIIN
12f Country code	**12g** Foreign taxpayer identification number, if any		**15f** Country code / **15g** Foreign tax identification number, if any
12h Address (number and street): 123 HOME AVE			**15h** Address (number and street)
12i City or town, state or province, country, ZIP or foreign postal code: TOWN CENTER, KS 67000			**15i** City or town, state or province, country, ZIP or foreign postal code
13a Recipient's name: SIMONE DUPONT	**13b** Recipient's country code: FR		**16a** Payer's name / **16b** Payer's TIN
13c Address (number and street): 345 TOWN AVE			**16c** Payer's GIIN / **16d** Ch. 3 status code / **16e** Ch. 4 status code
13d City or town, state or province, country, ZIP or foreign postal code: TOWN CENTER, KS 67000			**17a** State income tax withheld / **17b** Payer's state tax no. / **17c** Name of state

(keep for your records)