Foreign Earned Income

FOR USE BY U.S. CITIZENS AND RESIDENT ALIENS LIVING OVERSEAS

PART I										
If both taxpayer and spouse have earned income from work, each should fill out separate sheets										
Name:										
1	Your Foreign Address:	Country:								
2	Occupation:									
3	Employer's Name:									
4a	Employer's U.S. Address:									
4b	Employer's Foreign Address:									
5	(CHECK ALL THAT APPLY) Employer is: \square A Foreign Entity \square A U.S. Company	☐ Self ☐ A Foreign Affiliate of a U.S. Company								
	☐ Other (Please specify):									
7	Of what country are you a Citizen / National?									
8a	Did you maintain a separate foreign residence for your family because of adverse living conditions at your work location? ☐ Yes ☐ No									
8b	If yes, enter location of the separate foreign residence. City: Enter the number of days during your tax year that you maintained a second household at that address. No. of Days:									
9	List your work location home(s) below, if different from line #1 above.									
	Location:	Date established:								
	Location:	Date established:								
Before Completing Part II or III – Please Consult with us to ascertain which is applicable for your situation										
PART II — BONA FIDE RESIDENCE										
Bona Fide Residence Test: You must reside overseas for a full calendar year and be subject to income tax at the country of residence										
10	Date bona fide residence began on, and ended on	or \square continues.								
11	I Kind of living quarters in foreign country: ☐ a Purchased house ☐ b Rer	nted house or apartment a c Rented room								
☐ d Quarters furnished by employer										
12a Did any of your family live with you abroad during any part of the tax year? □ Yes □ No										
121	2b If "Yes," who: and for what period	l: 🗅 entire year								
13	3a Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? □ Yes □ No									
13b Are you required to pay income tax to the country where you claim bona fide residence? ☐ Yes ☐ No If you answered "Yes" to 13a and "No" to 13b, you do not qualify as a bona fide resident, proceed to Part III.										

				PAR	RT II CONTINUED)					
Bona Fide Residence Test: You must reside overseas for a full calendar year and be subject to income tax at the country of residence											
14	14 If you were present in the United States or its possessions during the tax year, complete columns (a)–(d) below.										
	Please fill in table below or if you did not travel check box: No Travel										
	DATE VED IN U.S.	b. pate Léft U.S.	C. NO. DAYS II U.S. ON BUSINESS	M. INCOME EAR	RNED a. DATE NESS ARRIVED IN U	b. da	TE C. NO. DAYS IN U.S. ON BUSINESS	d. INCOME EARNED IN U.S. ON BUSINESS			
ANN	VLD IIV 0.3.		BŬŜĬNĔŜS	(ATTACH COMPUTA	/	.0.	BŪŠINĔŠS	(ATTACH COMPUTATION)			
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15a List any contractual terms or other conditions relating to the length of your employment abroad. (below)											
15b Enter the type of visa under which you entered the foreign country:											
15c	Did your	visa limit the leng	oth of your sta	ay or employmer	nt in a foreign count	ry? 🛚 Yes (at	tach explanation)	□ No			
15d Did you maintain a home in the United States while living abroad? □ Yes □ No											
15e If "Yes," enter address of your home, whether it was rented, the names of the occupants, and their relationship to you.											
	Address: Rented? ☐ Yes ☐ No										
	Occupants / Relationship:										
				DADT III	DUVCIONI DDECI	FNOF					
					PHYSICAL PRESI						
Physi	cal Preser	nce: Any 12 conse	ecutive mont	hs starting or end	ding in current year	in which you wer	e outside the U.S.	for at least 330 days			
16	16 The physical presence test is based on the 12-month period from through										
17	Enter your principal country of employment during your tax year:										
18	18 If you traveled abroad during the above 12-month period complete (a)-(f) below. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more.										
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•	a. NAME OF C	COUNTRY (INCLUDING TH	1E U.S.)	b . DATE ARRIVED	C. DATE LEFT	d . FULL DAYS PRESENT IN COUNTRY	e. NO. DAYS IN U.S. ON BUSINESS	f. INCOME EARNED ON BUSINESS (ATTACH COMPUTATION)			
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