

# EXPATRIATE AMERICAN TAX

## Tax Organizer & Questionnaire

US Expatriate Filing Due Date **JUNE 15**

Extension Filing Deadline **DECEMBER 15**

This Tax Organizer was designed to assist you in gathering the information you will need for your tax return preparation, because you shouldn't have to think about it, we already have for you!

The following pages have been provided to ensure your Expatriate Tax Return, as a U.S. Citizen/Resident living outside the United States, is completed in an accurate manner, capturing the necessary information to claim the Foreign Earned Income Exclusion, Foreign Housing Exclusion, and/or Foreign Tax Credit. Please complete all data on this Tax Organizer. If any section does not apply to you, be sure to mark **N/A** on that page.

You can complete this form online and simply email back to us: [Tina@ExpatriateAmericanTax.com](mailto:Tina@ExpatriateAmericanTax.com)

Thank you for choosing Expatriate American Tax to assist you with your U.S. Tax return filing.

Tina M. Salandra, CPA  
Expatriate American Tax  
Numerical, LLC  
215 Park Avenue South (1402)  
New York, NY 10003

P: 212-777-0807  
F: 212-242-2820

[www.ExpatriateAmericanTax.com](http://www.ExpatriateAmericanTax.com)

## TAX PREPARATION SERVICES & FEE SCHEDULE

### Services Included in the Fee Quoted for your Tax Return Preparation:

- US Federal Income Tax Return with all required Schedules
- US State Income Tax Return (if part-year resident)
- E-Filing your Federal Tax Return
- 30 Minute Initial Review & Consultation via phone or Skype Webcam
- PDF copy of complete tax returns for your files

The fee for your tax return preparation will be quoted via email, and is based upon the complexity and number of various tax forms, calculations, and schedules required. The fee initially quoted could increase if the information provided by the taxpayer is incomplete or if additional time is required because the return is more complex than initially indicated by the taxpayer.

### Other Services & Fees:

- |   |  |
|---|--|
| ▪ IRS Notice Correspondence                                       | \$250 each letter *                      |
| ▪ Audit Representation  | \$300 per hour                           |
| ▪ Consulting Meeting  | \$350 per hour                           |
| ▪ Estimated Tax Preparation                                       | \$250 each quarter                       |
| ▪ Amended Tax Returns   | \$350 plus fee per each Amended Schedule |
| ▪ CPA Letter Verifying Employment or<br>Real Estate Matters, etc. | \$150 each letter                        |

\*NOTE: If a tax notice is due to an error made by our firm, no fee will be charged for the correspondence. However, omissions of required information by the taxpayer are the most common reason for tax notices. To minimize such omissions, please be sure you have completed all relevant information in the Tax Organizer & Questionnaire.

**CONFIDENTIAL CLIENT DATA: THE BASICS**

\_\_\_\_\_  
Your Full Name

\_\_\_\_\_  
Spouse Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number (Spouse)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth (Spouse)

\_\_\_\_\_  
Country of Citizenship/Green Card

\_\_\_\_\_  
Country of Citizenship/Green Card

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

Date Establishing Residency in Foreign Country: \_\_\_\_\_

Date Moved Back to U.S. \_\_\_\_\_

Length of Employment Contract: \_\_\_\_\_ Type of VISA/Permit \_\_\_\_\_

If Married, did you file a Joint U.S. Tax Return Last Filing Year: **YES / NO** Last Year Tax Return was Filed: \_\_\_\_\_

\_\_\_\_\_  
Foreign Country Resident Address

\_\_\_\_\_  
Foreign Country: City, Country, Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address (Spouse)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number (Spouse)

\_\_\_\_\_  
Child/Dependent's Name Birthdate

\_\_\_\_\_  
Child/Dependent's Name Birthdate

\_\_\_\_\_  
Social Security Number (Child)

\_\_\_\_\_  
Social Security Number (Child)

US Citizen: **YES / NO** Student: **YES / NO**

US Citizen: **YES / NO** Student: **YES / NO**

If NO, what Country: \_\_\_\_\_

If NO, what Country: \_\_\_\_\_

Live with Taxpayer: **YES / NO**

Live with Taxpayer: **YES / NO**

Dependent Care Expenses (Babysitting/Daycare): \$ \_\_\_\_\_

## EXPATRIATE AMERICAN TAX

**CONFIDENTIAL CLIENT DATA: THE BASICS****FOREIGN EMPLOYMENT:** *(State amounts in the foreign currency received)*Employer Name: \_\_\_\_\_ US Company: **YES / NO**

Employer Address: \_\_\_\_\_ City/Country: \_\_\_\_\_

Gross Wages: \_\_\_\_\_ Foreign Tax Paid: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ US Company: **YES / NO**

Employer Address: \_\_\_\_\_ City/Country: \_\_\_\_\_

Gross Wages: \_\_\_\_\_ Foreign Tax Paid: \_\_\_\_\_

Currency Wages / Taxes were paid to you: \_\_\_\_\_ (USD / EURO / POUND / RUPIES/ etc.)

**HOUSING:**Does your employer pay for your living expenses: **YES / NO** If **YES**, value: \_\_\_\_\_If **NO**, please list housing expenses you paid for the tax year: Rent \_\_\_\_\_

Utilities \_\_\_\_\_

Other \_\_\_\_\_

**SELF-EMPLOYMENT:**Are you self-employed in the Foreign Country: **YES / NO** Business/Profession: \_\_\_\_\_

Please see the SELF-EMPLOYMENT worksheet to list your Foreign Self-employment Income &amp; Expenses.

**NOTE:** Your foreign net self-employment income is subject to Social Security & Medicare Taxes, unless you live in a country that has a Social Security Treaty with the U.S. and qualify for exemption.**CLIENT VERIFICATION:**

The undersigned taxpayer verifies that all information stated throughout this Tax Organizer & Questionnaire is true and correct. Further, the undersigned takes responsibility if information on the Tax Organizer & Questionnaire necessary to prepare an accurate tax return is not disclosed. In addition, the undersigned taxpayer understands that it is the taxpayer's responsibility to maintain documentation to support the information disclosed on the Tax Organizer & Questionnaire, which will be required in the event of an audit.

\_\_\_\_\_  
Print Name\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

**FOREIGN BANK ACCOUNT INFO**

The information below is Required by the IRS if your Foreign accounts exceed \$10,000

Are you a signatory on a Foreign Bank or Investment Account?        YES        NO

<b>Bank</b>	Name	_____	Acct #	_____
	Address	_____	Balance	_____
	Country	_____		

<b>Bank</b>	Name	_____	Acct #	_____
	Address	_____	Balance	_____
	Country	_____		

<b>Investments</b>	Name	_____	Acct #	_____
	Address	_____	Balance	_____
	Country	_____		

<b>Joint Account Owners</b>	Name	_____	Soc Sec #	_____
	Address	_____	Relation	_____
	Country	_____	Acct #	_____
			Acct #	_____

**SELF-EMPLOYMENT Income & Expenses**

Business Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Business Address: \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

City / Country: \_\_\_\_\_

**Business Income (Fees for Services)**

**Expenses**

Rent-Office:

Rent-Storage

Communications:

Office Phone

Cell Phone

Internet

Website

Administration:

Office Supplies

Postage/Delivery

Printing

Books & Publications

Liability Insurance

Marketing:

Advertising

Promotionals

Trade Shows

Professional Fees:

Contractors

Accounting/Legal

Technology

Other Services

Travel:

Local

Airfare

Train

Hotels

Car Mileage

Meals & Entertainment

State all amounts in Foreign  
Currency received

**INVESTMENT INCOME**

INTEREST			
Bank Name	Regular Interest	Tax-Exempt Interest	Tax Withheld

DIVIDENDS			
Payer / Broker	Regular Dividends	Qualified Dividends	Tax Withheld

CAPITAL GAINS			
Stock Name	Sale Proceeds	Date: Sold / Purch.	Purch. Price
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	

OTHER INCOME			
401K/IRA	1099-R Distribution		Tax Withheld

Social Security	Benefits Paid		Tax Withheld

Unemployment	Benefits Paid		Tax Withheld


**RENTAL INCOME & EXPENSES**

Note if US Dollars or Foreign Currency

**ADDRESS**

Address		Apt.
City	State	Country

**RENT** (Income from Tenants)

**EXPENSES**

Mortgage Interest

Real Estate Taxes

Insurance - Property & Liability

Maintenance Fees

Repairs & Maintenance

Cleaning

Painting

Plumbing / Electric

Landscaping

Professional Fees

Contractors

Legal & Accounting

Advertising

Utilities

Heat

Water

Electric/Gas

Travel

**FURNITURE & APPLIACES**

Describe

Month Purchased

Cost

Describe

Month Purchased

Cost

**CAPITAL IMPROVEMENTS**

Describe

Month Completed

Cost

Describe

Month Completed

Cost

Describe

Month Completed

Cost

**NOTE:** Capital Improvements & Furniture & Appliances must be depreciated. Such costs cannot be expensed 100% in the year purchased.

**K-1 Form Income**

Partnerships / "S" Corps / Trusts

Entity Name \_\_\_\_\_

Tax ID # \_\_\_\_\_

- 1 Ordinary Income \_\_\_\_\_
- 2 Net Rental Income: Real Estate \_\_\_\_\_
- 3 Rental Income: Other \_\_\_\_\_
- 4 Gauranteed Payments \_\_\_\_\_
- 5 Interest Income \_\_\_\_\_
- 6a Dividends: Ordinary \_\_\_\_\_
- 6b Dividends: Qualified \_\_\_\_\_
- 7 Royalties \_\_\_\_\_
- 8 Capital Gain: Short-Term \_\_\_\_\_
- 9a Capital Gain: Long-Term \_\_\_\_\_
- 9b Collectibles Gain \_\_\_\_\_
- 9c Unrecaptured Sec. 1250 \_\_\_\_\_
- 10 Sec. 1031 Gain \_\_\_\_\_
- 11 Other Income \_\_\_\_\_
  
- 12 Sec 179 Deduction \_\_\_\_\_
- 13 Other Deductions \_\_\_\_\_
- 14 Self-Employment Income \_\_\_\_\_
- 15 Credits \_\_\_\_\_
- 16 Foreign Transactions \_\_\_\_\_
- 17 AMT \_\_\_\_\_
- 18 Tax-Exempt Income \_\_\_\_\_
- 19 Distributions \_\_\_\_\_
- 20 Other Info. \_\_\_\_\_

## Itemized Deductions

### Medical Expenses

Health Insurance	
Doctor/Dentists/Hospital	
Therapists	
Prescriptions	
Travel to: Doctors/Hospital	

### Mortgage Interest (US Home)

1st Home: Interest Paid		Principal Debt	\$ _____
2nd Home: Interest Paid		Principal Debt	\$ _____

### Real Estate Tax

### Foreign Tax Paid on Investments

 Excl: VAT

### Foreign Tax Credit: Prior Years

### Charitable Contributions

(must be US recognized Nonprofit Organization)

Check/Credit Card		
Property/Clothing/etc.		Thrift/Resale Value
Art & Collectibles		Appraisal required is over \$5,000
Stock		Market Value at donation date

### Miscellaneous

Investment Fees	
Tax Preparation Fees	
Employee Business Exp	

### Moving Expenses

(must be more than 50 miles from your previous job)

Transporting Furn. & Clothing		
Lodging Exp during Move		Excl: Meals

**ESTIMATED TAX PAID : To The I R S**

APRIL 15	\$ <input type="text"/>	1st Quarter
JUNE 15	\$ <input type="text"/>	2nd Quarter
SEPT 15	\$ <input type="text"/>	3rd Quarter
JAN 15	\$ <input type="text"/>	4th Qaurter

This 4th Quarter Payment is AFTER the calendar tax year

**FOREIGN TAXES PAID**

Foreign Country Name:	_____	\$ <input type="text"/>
2nd Foreign Country Name:	_____	\$ <input type="text"/>