

Part A – Nonresident Alien Information Sheet
2015 Tax Returns

Name Ratnacker Raji ITIN or Social Security # 123-45-6789
(Last name) (First name) (MI)

Visa # 1234567 Passport # 1144997788

Date of Birth: 03/15/1996 Phone # (860) 444-5555 E-mail: raji@gmail.com
(mm)/(dd)/(yyyy)

Were you a U.S. citizen or resident alien the entire 2015 year? Yes No

Local U.S. Street address 100 MCMAHON HALL N
STORRS, CT 06269

Foreign residence address 900 DALI ROAD
ANYWHERE, INDIA

Country of citizenship INDIA Country that issued passport INDIA

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

Are you a: ENTRY Immigration Status –check one

- | | | |
|--------------------------|---|--|
| U.S. National? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> F-1 Student |
| Resident of Canada? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> F-2 Spouse or child of student |
| Resident of Mexico? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> J-1 Student/Scholar* |
| Resident of South Korea? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> J-2 Spouse or child of J-1 holder |
| Resident of India? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Date you FIRST entered U.S. <u>08/03/2014</u> |

CURRENT Immigration Status – check one Type of U.S. visa during each year

<input checked="" type="checkbox"/> F-1 Student	_____ 2009	_____ 2011	_____ 2013
<input type="checkbox"/> F-2 Spouse or child of Student	_____ 2010	_____ 2012	<u>F</u> 2014
<input type="checkbox"/> J-1 Student/Scholar*	Visa type ever changed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> J-2 Spouse or child of J-1 holder	Date and nature of change: _____		

*If immigration status is J-1, what is the category? Check one:

- 01 Student 02 Short-term scholar 05 Professor 12 Research Scholar

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

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> 01 Studying in a degree program | <input type="checkbox"/> 04 Lecturing | <input type="checkbox"/> 07 Research | <input type="checkbox"/> 10 Clinical Activities |
| <input type="checkbox"/> 02 Studying in a non-degree program | <input type="checkbox"/> 05 Observing | <input type="checkbox"/> 08 Training | <input type="checkbox"/> 11 Temporary employment |
| <input type="checkbox"/> 03 Teaching | <input type="checkbox"/> 06 Consulting | <input type="checkbox"/> 09 Special Skills | <input type="checkbox"/> 12 Here with Spouse |

Were you present in the United States as a teacher, trainee or student for any part of the prior 6 calendar years?

2009 Yes No 2010 Yes No 2011 Yes No
 2012 Yes No 2013 Yes No 2014 Yes No

Were you present in the United States as a teacher, trainee or student for any part of more than 5 calendar years? Yes No

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

2013 0 2014 151 2015 365

List the dates you entered and left the United States during 2015:

Dates 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 prior to 2015? Yes No

If "Yes," give the latest year 2014 and form number 1040 NR-EZ.

During 2015, 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 to lawful permanent resident? Yes No

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

Country (a)	Tax Treaty Article (b)	Number of months claimed in prior tax years (c)	Amount of exempt income in 2015 (d)
INDIA		5	

Were you subject to tax in a foreign country on any of the income shown in column (d)?

Yes No

Part B – Spouse Information Sheet

Name _____ ITIN or Social Security # _____
(Last name) (First name) (MI)

Date of Birth _____
(mm)/(dd)/(yyyy)

Is spouse a U.S. citizen or resident alien the entire 2015 year? Yes No

Street address _____

Part C – Dependent Information Sheet

List names of everyone who lived in your home in 2015 (other than you or spouse). Also list anyone who lived outside your home that you supported during 2015.							
Name (last, first) Do not list self or spouse (a)	Date of birth (mm/dd/yyyy) (b)	Relationship to you (e.g. son, daughter, mother, sister, none) (c)	Number of months lived in your home (d)	U.S. Citizen or resident of Canada or Mexico (yes/no) (e)	Marital status as of 12/31/2015 (f)	Full-time student in 2015? (yes/no) (g)	Received less than \$4,000 income in 2015? (yes/no) (h)

Part D – Refund Information Sheet

If you are entitled to a refund, the fastest way to receive the refund is to have it directly deposited in your bank account. If you want to use the direct deposit, bring a blank check with you so the preparer can enter your bank account information.

During 2015 did you receive?

- Wages, salaries or tips? Yes No

If "Yes," bring copies of:

All forms W-2
Any forms 1042-S
Any forms 1099-MISC

- Scholarships or fellowship grants? Yes No

If "Yes," bring copies of:

All forms 1042-S
Form 1098-T
Estimate dollar amount spent on books during 2015 \$ _____

- State income tax refund? Yes No

If "Yes," bring copies of:

Forms W-2
2014 (last year's) federal income tax return

- Other income? Yes No

If "Yes," bring copies of any tax documents

NOTE: If you received any of these types of income, VITA CANNOT prepare your return:

- ✓ Dividend Income
- ✓ Income from business activities
- ✓ Distributions from IRAs, pensions or annuities
- ✓ Capital gains or losses from the sale of investment securities or other assets

During 2015, did you pay:

- State income taxes? Yes No

If "Yes," bring copies of:

All forms W-2 showing state income taxes withheld
Indicate dollar amount of state (not federal) income tax you paid
by check during 2015 \$ ^{0.00} _____

- Contributions to U.S. charities? Yes No

If "Yes," bring copies of receipts.

- Personal property tax on a car you own? Yes No

If "Yes," bring copies of receipts.

Statement for Exempt Individuals and Individuals With a Medical Condition
For use by alien individuals only.

► Information about Form 8843 and its instructions is at www.irs.gov/form8843.

Department of the Treasury
Internal Revenue Service

For the year January 1—December 31, 2015, or other tax year beginning _____, 20____, and ending _____, 20____.

Your first name and initial **Raji** Last name **Ratnacker** Your U.S. taxpayer identification number, if any **123-45-6789**

Fill in your addresses only if you are filing this form by itself and not with your tax return

Address in country of residence

**900 DALI ROAD
ANYWHERE, INDIA**

Address in the United States

**100 MCMAHON HALL N
STORRS, CT 06269**

Part I General Information

- 1a Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ► **F 08/03/2014**
- b Current nonimmigrant status and date of change (see instructions) ► _____
- 2 Of what country were you a citizen during the tax year? **INDIA**
- 3a What country issued you a passport? **INDIA**
- b Enter your passport number ► **1144997788**
- 4a Enter the actual number of days you were present in the United States during:
2015 **365** 2014 **151** 2013 _____
- b Enter the number of days in 2015 you claim you can exclude for purposes of the substantial presence test ► **365**

Part II Teachers and Trainees

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2015 ► _____
- 6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2015 ► _____
- 7 Enter the type of U.S. visa (J or Q) you held during: ► 2009 _____ 2010 _____
2011 _____ 2012 _____ 2013 _____ 2014 _____. If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired.
- 8 Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior calendar years (2009 through 2014)? Yes No
If you checked the "Yes" box on line 8, you cannot exclude days of presence as a teacher or trainee unless you meet the *Exception* explained in the instructions.

Part III Students

- 9 Enter the name, address, and telephone number of the academic institution you attended during 2015 ► **UNIVERSITY OF CONNECTICUT, STORRS CT 860-486-5555**
- 10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2015 ► **PROGRAM DIRECTOR
UNIVERSITY OF CONNECTICUT, STORRS, CT 860-486-5555**
- 11 Enter the type of U.S. visa (F, J, M, or Q) you held during: ► 2009 _____ 2010 _____
2011 _____ 2012 _____ 2013 _____ 2014 **F**. If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired.
- 12 Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar years? Yes No
If you checked the "Yes" box on line 12, you must provide sufficient facts on an attached statement to establish that you do not intend to reside permanently in the United States.
- 13 During 2015, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status in the United States or have an application pending to change your status to that of a lawful permanent resident of the United States? Yes No
- 14 If you checked the "Yes" box on line 13, explain ► _____

22222		Void <input type="checkbox"/>	a Employee's social security number 123-45-6789		For Official Use Only ▶ OMB No. 1545-0008		
b Employer identification number (EIN) 06-6000798			1 Wages, tips, other compensation \$5,968.00		2 Federal income tax withheld \$412.00		
c Employer's name, address, and ZIP code UCONN Payroll Unit 2111 343 Mansfield Road Storrs, CT 06029			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 Raji		Last name Ratnacker		Suff.		11 Nonqualified plans	
100 McMahon Hall N Storrs, CT 06269			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12		
			14 Other		12b		
					12c		
f Employee's address and ZIP code					12d		
15 State CT		Employer's state ID number 0502633-002		16 State wages, tips, etc. \$ 5,968.00		17 State income tax \$57.90	
				18 Local wages, tips, etc.		19 Local income tax	
						20 Locality name	

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

2015

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

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