

Form 9209 (Rev. September 2005)	Department of the Treasury-Internal Revenue Service Bona Fide Residence/Physical Presence Questionnaire	In reply refer to:
Taxpayer's name and address		Tax Year
		SSN
		Principal place of employment

Please complete this questionnaire.

Part I - Bona Fide Residence Test

Please furnish the following information to establish whether you would qualify as a bona fide resident of a foreign country during the above tax year. If you need more space, continue on a separate sheet.

Name of country in which you are claiming residence	Date you first arrived in that country.	Kind of Visa used
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Did your Visa contain limitations on length of stay or employment? Yes ☐ No ☐ If yes, please explain.
 At what interval is Visa renewable?

Foreign employee's name and complete address

Kind of work performed	Income earned during tax year
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Basis of Employment

How long did you originally intend to stay in the foreign country?	Were you under contract in the foreign country?
Did you change this intention? Yes ☐ No ☐ If yes, when, and how long did you then intend to stay?	Was there an option to extend the contract? Yes ☐ No ☐ If Yes, please explain and state for how long.

Did you file an income tax return with the government of the country in which you claimed residence? Yes ☐ No ☐
 If Yes, please attach a complete copy of the return to this questionnaire. If No, please explain.

Were you subject to all laws and restrictions governing the citizens of the foreign country? Yes ☐ No ☐
 If No, please explain.

Kind of living quarters: ☐ Purchased house ☐ Quarters furnished by employer ☐ Rented room ☐ Rented house or apartment ☐ Other (Explain.) _____	Did your family live with you abroad during any part of the tax year? Yes ☐ No ☐ If Yes, for what period? _____
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Visits to the United States - Please list dates and purpose of trips.

Other information - Please list any other information you believe may help establish your claim to residence in a foreign country.

Part II - Physical Presence Test

Please furnish the following information to establish whether you would qualify as physically present in a foreign country, or countries, for a minimum of 330 days during 12 consecutive months (covering at least part of the year under examination). Attach any evidence of physical presence you have, such as canceled airline tickets, hotel bills, expense or travel vouchers, or a diary. You may send copies of these documents. We will return any original documents that you send upon completion of the examination.

Date period of 12 consecutive months began

Date period of 12 consecutive months ended

Schedule of days present in the foreign, countries, and days present in the United States, during 12 consecutive months.

Date and Time of Departure from the United States	Date and Time of Arrival in a foreign country.	Dates and Times of departure from the foreign country to the United States after your initial entry to the foreign country, and purpose of trip.

Did you perform any services in international waters or airspace, such as those of an oil driller, seaman, or airline pilot?

Yes ☐ No ☐ If Yes, please explain.

Is the site(s) where the services were performed located under the sovereignty of a foreign country? Yes ☐ No ☐

If No, please explain.

Were you required to file a tax return in this foreign country? Yes ☐ No ☐ If Yes, please provide a copy of the return and verification of any foreign taxes paid by you, or on your behalf. If No, please explain.

Part III - Summary

I am claiming the Foreign Earned Income Exclusion under:

☐ Bona Fide Residence Test

☐ Physical Presence Test

Certification: Under penalties of perjury, I declare that I have examined this statement and, to the best of my knowledge and belief, it is true, correct, and complete.

Your signature	Spouse's signature, if a joint return was filed	Date
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Form 9211 (Rev. September 2005)	Department of the Treasury-Internal Revenue Service Foreign Earned Income Exclusion Questionnaire	In reply refer to:
Taxpayer's name and address		Tax Year
		SSN

To assist us in the examination of your return, please answer all of the following questions. If not applicable, enter "N/A."

Dates you lived in a foreign country in the year shown above	Foreign country for which expenses are claimed (address)	
Type of accommodations (such as house, furnished apartment, mobile home)	Did you own or rent a home in foreign country? Own ☐ Rent ☐	Did you live in quarters provided by your employee? Yes ☐ No ☐ If, Yes, give dates
Did your employer pay directly, or reimburse you for any housing expenses? Yes ☐ No ☐ If Yes, please complete the following:		
Amount you paid \$	Amount paid by your employer \$	Amount your employer reimbursed to you \$
Did you or your spouse receive any housing allowance from the U.S. Government? Yes ☐ No ☐ If Yes, what amount? \$		
Did you maintain a separate household outside the United States for your family at a place other than your tax home because of adverse living conditions at your tax home? Yes ☐ No ☐ If yes, please indicate which housing expenses listed below pertain to this household.		

Housing Expenses - Please itemize all housing expenses and attach proof of payment

Kind of Expense	Amount

Did either you or your spouse receive income in the year shown above that was earned in another year? Yes ☐ No ☐
 If Yes, show amount, type and year earned.

Did either you or your spouse receive income in another year that was earned in the year shown above? Yes ☐ No ☐
 If Yes, show amount, type and year received.

Did you move during the above year or the year before? Yes ☐ No ☐ If Yes, please complete the following:

Note: Include amounts your employer paid directly to shippers, airlines, hotels, or anyone else on your behalf.

Date you moved to a new location	Amount of moving expense deduction \$	Amount you were reimbursed for moving \$
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If your move was not during the year shown at the top of this questionnaire, attach a copy of Form 2555, Exemption of Income Abroad, for the year you moved.

Certification: Under penalties of perjury, I declare that I have examined this statement and, to the best of my knowledge and belief, it is true, correct, and complete.

Your signature	Date
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2. d. Did the partnership conduct business in the U.S., or receive income from U.S. sources for this tax year? Yes ☐ No ☐

If Yes, what was the percentage of the partnership's U.S. income in relation to its worldwide business activity. _____ %

Part III Income from A Closely Held Business

Please complete the following questions and submit the requested information on the entity that employs you.

1. Do you, a member of your family, or any other related party, own any stock or have a controlling interest, either directly, indirectly (*through a partnership, corporation, trust, etc.*), or constructively, in the entity which employs you? Yes ☐ No ☐

If Yes, please provide the following information:

a. Name(s)

b. Relationship (*include self*)

c. Social security number

d. Number of shares owned

e. Percentage of shares owned

f. Type of shares owned Common ☐ Preferred ☐ Voting ☐ Non-Voting ☐

Remarks

Certification: Under penalty of perjury, I declare that I have examined this statement and, to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Spouse's signature, if a joint return was filed

Date