

Phone: (254) 628-2001

**ALL IN ONE TAX SERVICES**

Tax Year: \_\_\_\_\_

Fax: (254) 628-2003 or (253) 323-3908

1705 S Fort Hood Street Ste. 101, Killeen, TX 76542

**Katie Grant**

Attention Contractors!

So that I may more expeditiously process your tax return, please provide the following pertinent information. You can return this form, and any supporting documentation (including your W-2s) either via snail mail, fax (I use secure efax 253.323.3908), or as a scanned attachment via email (when possible, please convert to PDF format before sending as an attachment, and when emailing documents please put in the Subject line: "(tax year \_\_) Overseas documents for (your name)").

Need additional help or have questions? You may best contact me via email (see bottom of document), I do my best to respond within 24-48 hours of receiving any correspondence. – I look forward to working with you!

**\* Please provide a copy of your 2019 Tax Return if we *didn't* prepare your return last year.**

**\* If this is your first return with me, please also print and fill out the Individual Information Sheet.**

**PERSONAL INFO:**

Filer's Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Home address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this your tax home? Yes/no

If yes, when established? (date): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Date moved to current address: \_\_\_\_\_

If **moved** in the past 12 months:

Previous address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date moved to Previous address: \_\_\_\_\_

Foreign Info (if you fall under Residency or Physical Presence status):

Foreign address: \_\_\_\_\_

Foreign City/Town/Post Office: \_\_\_\_\_ For. State: \_\_\_\_\_ For. Zip: \_\_\_\_\_

Foreign Country: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

COUNTRY of Foreign Assignment: \_\_\_\_\_

**Are you Married and/or claiming dependents? Please also fill out the Personal information Form!**

**EMPLOYER INFO:**

Employer Name: \_\_\_\_\_

- US Entity
- Foreign Entity
- Foreign affiliate US of Entity
- Self
- Other (specify): \_\_\_\_\_

*US info (if any):*

Emp. US Address: \_\_\_\_\_

Emp. US City: \_\_\_\_\_ Emp. State: \_\_\_\_\_ Emp. Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

*Foreign info (if any):*

Emp. Foreign address: \_\_\_\_\_

Emp. Foreign City/Town/Post Office: \_\_\_\_\_ Emp. For. State: \_\_\_\_\_

For. Zip: \_\_\_\_\_

Foreign Country: \_\_\_\_\_

**GENERAL**

1. Have you ever filed the form 2555 (Foreign Earned Income Exclusion) before? Yes/No  
If so, what was the last year filed? \_\_\_\_\_
2. Have you ever had your exclusion revoked/denied? \_\_\_\_\_  
If so, what year? \_\_\_\_\_  
Reason? \_\_\_\_\_
3. Did you maintain a separate foreign household? Yes/No  
If Yes: City \_\_\_\_\_ State \_\_\_\_\_  
What date did this start? \_\_\_\_\_
4. Is this the year of expatriation? Yes/No  
If Yes, have you submitted required statement to foreign authorities? Yes/No
5. To What Country? \_\_\_\_\_  
Date: \_\_\_\_\_
6. Did your employer provide living quarters in Foreign Country? Yes/No
  - a. Type (ie. Military Barracks, Hotel, etc.)
7. If Claiming the Housing exclusion, please attached applicable documentation.
8. Did your employer provide or reimburse for meals and/lodging or vehicle? Yes/No
  - a. Meals \$: \_\_\_\_\_
  - b. Lodging \$: \_\_\_\_\_
  - c. Vehicle \$: \_\_\_\_\_
9. Type of Visa Working under: \_\_\_\_\_
  - a. Date current Visa was established: \_\_\_\_\_

**TRAVEL**

Original deployment date: \_\_\_\_\_

Foreign Travel (if any, in the tax year):

Date left Country 1: \_\_\_\_\_

To what Country? \_\_\_\_\_ Returned: \_\_\_\_\_

Date left Country 2: \_\_\_\_\_

To what Country? \_\_\_\_\_ Returned: \_\_\_\_\_

U.S. Travel (in the tax year):

RR date 1: \_\_\_\_\_ Returned \_\_\_\_\_

No. of Full Days Present in US: \_\_\_\_\_

RR date 2: \_\_\_\_\_ Returned \_\_\_\_\_

No. of Full Days Present in US: \_\_\_\_\_

RR date 3: \_\_\_\_\_ Returned \_\_\_\_\_

No. of Full Days Present in US: \_\_\_\_\_

RR date 4 \_\_\_\_\_ Returned \_\_\_\_\_

No. of Full Days Present in US: \_\_\_\_\_

Or... PHYSIALLY PRESENT IN COUNTRY ALL YEAR (circle of applicable) YES Any additional information you think would be helpful in completing your exclusion adjustment:

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Again, I look forward to working with you! And as always, advice is FREE – so let me know if you have any questions!

Secure email: [kgrant@allinonetaxservices.com](mailto:kgrant@allinonetaxservices.com)