## Department of the Treasury Internal Revenue Service

## **U.S. Nonresident Alien Income Tax Return**

For the year January 1-December 31, 1999, or other tax year

OMB No. 1545-0089

, 1999, and ending beginning

Persent home autimises (number, shreed, and apt. no. or rareal route). If you have a P.O. box, see page 5.		Your fir	rst name and initial	Identifyir	tifying number (see page 5 of inst.)						
Country No. Give address outside the United States to which you want any refund check maided. If same as above, write "Same."    Filing Status and Exemptions for individuals (See page 6.)   7a	type.	Present	home address (number, street, and apt. no., or ru								
Country No. Give address outside the United States to which you want any refund check maided. If same as above, write "Same."    Filing Status and Exemptions for individuals (See page 6.)   7a	rint or	City, to	wn or post office, state, and ZIP code. If yo		closure and Paperwork						
Filling Status and Exemptions for Individuals (See page 6.)  Filling status. Check only one box (1-6 below).  Filling status. Check only one box (1-6 below).  Yourself Spouse  1	ер	Countr	<b>.</b>	Of what country were	vou a <b>citizen</b> or national durin	n the tay year?	Triot House, see page 161				
Filling Status and Exemptions for Individuals (See page 6.)  Filling status. Check only one box (1-6 below).  Filling status. Check only one box (1-6 below).  Yourself Spouse  1	eas				· '	, , , , , , , , , , , , , , , , , , , ,	ı are a <b>n</b> ı	ermanent r	esident.		
Filing status. Check only one box (1–6 below).  1 Single resident of Canada or Mexico, or a single U.S. national 2 Other single nonresident alien 3 Married resident of Japan or the Republic of Korea 4 Married resident of Japan or the Republic of Korea 5 Other married nonresident alien 5 Other married nonresident alien 6 Qualifying widow(er) with dependent child (year spouse died \$\begin{array}{c} 19 \). (See page 6.) Caution: Do not check box 7a if your parent (or someone else) can claim you as a dependent.  Do not check box 7b if your spouse had any U.S. gross income.  7 To Dependents* (i) First name Last name  1 Applies generally only to residents of Canada, Mexico, Japan, and the Republic of Korea and to U.S. nationals. (See page 6.)  2 Applies generally only to residents of Canada, Mexico, Japan, and the Republic of Korea and to U.S. nationals. (See page 8.)  3 Taxable interest.  4 Taxable refunds, credits, or offsets of state and local income taxes (see page 7)  11 Taxable refunds, credits, or offsets of state and local income taxes (see page 7)  11 Taxable refunds, credits, or offsets of state and local income taxes (see page 7)  11 Taxable refunds, credits, or offsets of state and local income taxes (see page 7)  12 Taxable refunds, credits, or offsets of state and local income taxes (see page 7)  13 Susiness income or (loss). Attach Schedule C or C-EZ (Form 1040)  14 Capital gain or (loss). Attach Schedule D (Form 1040)  15 Other gains or (losses). Attach Form 4797  16 Taxable refunds, credits, or offsets of state and local income taxes (see page 7)  12 Taxable refunds, credits, or offsets of state and local income taxes (see page 7)  12 Taxable refunds, credits, or offsets of state and local income taxes (see page 7)  12 Taxable refunds, credits, or offsets of state and local income taxes (see page 7)  13 Taxable refunds, credits, or offsets of state and local income taxes (see page 7)  14 Capital gain or (loss). Attach Schedule D (F	P				a a o a p	ormanone i	coldenti				
1   Single resident of Canada or Mexico, or a single U.S. national   If you check box 7b, enter your spouse's			Filing Status and Exemptions			7a	7b				
The proposed of the property o	٠.	Filing	status. Check only one box (1-6 below)			Yourself	Spouse				
The proposed of the property o	d.	1 [	Single resident of Canada or Mexico								
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The proposed of the property o	is ∓ts					See page 6.)					
The proposed of the property o	9-8				, ,	. • .					
The proposed of the property o	7 E		Do not check box 7b if your spouse ha	ad any U.S. gróss	income.	,			<b></b>		
The proposed of the property o	S (S	7c De	pendents:*	(2) Dependent's			No.	of your			
The proposed of the property o		(1)	First name Last name	identifying number							
The proposed of the property o	ğ R			: :			*liv	ed with you	<b>&gt;</b>		
The proposed of the property o	ig č			: :			**d	id not live			
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Section   Sect		*Appl	ionals. (See page 6.			▶					
Second Part		**App	6.)								
9a Taxable interest.  10 Ordinary dividends.  11 Taxable refunds, credits, or offsets of state and local income taxes (see page 7).  12 Scholarship and fellowship grants. Attach explanation (see page 7).  12 Scholarship and fellowship grants. Attach explanation (see page 7).  13 Business income or (loss). Attach Schedule C or C-EZ (Form 1040).  14 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here □  15 Other gains or (losses). Attach Form 4797.  16a Total IRA distributions.  16a □ 16b Taxable amount (see page 8)  17a Total pensions and annuities □ 17b Taxable amount (see page 8)  17a Total pensions and annuities □ 17b Taxable amount (see page 8)  17b □ 18 Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040).  19 Earm income or (loss). Attach Schedule F (Form 1040).  20 Unemployment compensation.  21 Other income. List type and amount (see page 9).  22 Total income exempt by a treaty from page 5, Item M.  22 □ 23 Add lines 8, 9a, 10-15, 16b, and 17b-21. This is your total effectively connected income.  23 IRA deduction (see page 9).  24 IRA deduction (see page 9).  25 Student loan interest deduction (see page 10).  26 Medical savings account deduction. Attach Form 8853.  27 Moving expenses. Attach Form 3903.  27 Moving expenses. Attach Form 3903.  28 Self-employed health insurance deduction (see page 10).  28 Self-employed health insurance deduction (see page 10).  28 Self-employed health insurance deduction (see page 10).  29 Wedget and SIMPLE plans.  20 Penalty on early withdrawal of savings.  30 Penalty on early withdrawal of savings.  31 Scholarship and fellowship grants excluded.  32 Add lines 24 through 31.		d T	otal number of exemptions claimed .				<u> </u>				
12   Scholarship and fellowship grants. Attach explanation (see page 7)   12   13   13   14   15   15   15   15   15   15   16   16		န္ဌ 8	Wages, salaries, tips, etc. Attach Form	n(s) W-2			8				
12   Scholarship and fellowship grants. Attach explanation (see page 7)   12   13   13   14   15   15   15   15   15   15   16   16		<u>ğ</u> 9a					9a				
12   Scholarship and fellowship grants. Attach explanation (see page 7)   12   13   13   14   15   15   15   15   15   15   16   16		g b	Tax-exempt interest. DO NOT include								
12   Scholarship and fellowship grants. Attach explanation (see page 7)   12   13   13   14   15   15   15   15   15   15   16   16	Ę.	휥 10	Ordinary dividends								
The part	etr	- 1	Taxable refunds, credits, or offsets of s	state and local in	come taxes (see pag	e 7)					
The part	5	j   '2	Scholarship and fellowship grants. Atta	ach explanation (	(see page 7)						
The total pensions and annuities of the page 8 of the page	8	ੂ≘ 13									
29 Keogh and self-employed SEP and SIMPLE plans	ŧ	- 14	Capital gain or (loss). Attach Schedule D (	Form 1040) if requ	ired. If not required, ch	eck here 🔲					
29 Keogh and self-employed SEP and SIMPLE plans	ž	ଞ୍ଚ 15	Other gains or (losses). Attach Form 4								
29 Keogh and self-employed SEP and SIMPLE plans	Je I	ဋ   16a									
29 Keogh and self-employed SEP and SIMPLE plans	ayı	_									
29 Keogh and self-employed SEP and SIMPLE plans	کے	<u>§</u> 18									
29 Keogh and self-employed SEP and SIMPLE plans	a,	ಕ್ಷ 19	The state of the s								
29 Keogh and self-employed SEP and SIMPLE plans	ed										
29 Keogh and self-employed SEP and SIMPLE plans	sta	ğ 21	Other income. List type and amount (s	see page 9)			21				
29 Keogh and self-employed SEP and SIMPLE plans	not	22	lotal income exempt by a treaty from	page 5, Item M	<u>22  </u>	Linaama	20				
29 Keogh and self-employed SEP and SIMPLE plans	용					i income. ►	23				
29 Keogh and self-employed SEP and SIMPLE plans	ŧ		, , , , , , , , , , , , , , , , , , ,		· · · · <del>  </del>						
29 Keogh and self-employed SEP and SIMPLE plans	e, b	ğ  25		-	· · · · <del> </del>						
29 Keogh and self-employed SEP and SIMPLE plans	los	<u>ğ</u> 26									
29 Keogh and self-employed SEP and SIMPLE plans	Si		= :		· · · · <del>                                      </del>						
30 Penalty on early withdrawal of savings	-	၉ 28									
		30			— —						
		20 30		32							
		33					33				

Form	1040NF	(1999)					Page 4
on	34	Amount from line 33 (adjusted gross income)			. 34		
tati		Itemized deductions from page 3, Schedule A, line 17.			35		
Tax Computation		Subtract line 35 from line 34					
Ö		Exemptions (see page 11)					
×		Taxable income. Subtract line 37 from line 36. If line 37 is					
<u>a</u>	39	Tax (see page 11). Check if any tax is from a ☐ Form(s)	m 4972	▶ 39			
	40	Credit for child and dependent care expenses. Attach For	m 2441 <b>40</b>				
		Child tax credit (see page 11)					
<b>"</b>		Adoption credit. Attach Form 8839					
Credits		Foreign tax credit. Attach Form 1116 if required					
ē		Other. Check if from $\mathbf{a} \square$ Form 3800 $\mathbf{b} \square$ Form 839					
Ō							
		$\mathbf{c} \square$ Form 8801 $\mathbf{d} \square$ Form (specify) Add lines 40 through 44. These are your <b>total credits</b> .	45				
		Subtract line 45 from line 39. If line 45 is more than line 39.					
			47				
ß					.		
Taxes		Tax on income not effectively connected with a U.S. trade or					
ā	49	Social security and Medicare tax on tip income not reported t	o employer. Attach	1 Form 4137			
卢	50	Tax on IRAs, other retirement plans, and MSAs. Attach Fo	rm 5329 if require	ed			
Other		Transportation tax (see page 13)			. 51		
0		Household employment taxes. Attach Schedule H (Form 1					
	53	Add lines 46 through 52. This is your <b>total tax</b>		<u> </u>	<b>53</b>		
	54	Federal income tax withheld from Forms W-2, 1099, 1042-S, etc.	c <b>54</b>				
	55	1999 estimated tax payments and amount applied from 1998	return . 55				
	56	Additional child tax credit. Attach Form 8812	56				
	57	Amount paid with Form 4868 (request for extension)	57				
	58	Excess social security and RRTA tax withheld (see page 1	3) 58				
Ø		Other payments. Check if from <b>a</b> $\square$ Form 2439 <b>b</b> $\square$ Form					
Payments		Credit for amount paid with Form 1040-C					
Ĕ		U.S. tax withheld at source:					
a		From page 4, line 79	61a				
₾		By partnerships under section 1446 (from Form(s) 8805 or	1042-S) <b>61b</b>				
		U.S. tax withheld on dispositions of U.S. real property inte					
		From Form(s) 8288-A	62a				
		From Form(s) 1042-S					
		1101111 01111(0) 1042 0	<u>62b</u>	<u> </u>			
	63	Add lines 54 through 62b. These are your total payments			▶ 63	7	
		If line 63 is more than line 53, subtract line 53 from li					
		OVERPAID			64		
	6	5a Amount of line 64 you want <b>REFUNDED TO YOU.</b> If you	u want it directly o	tenosited se	26		
7	2   ``	page 14 and fill in 65b, c, and d	<b>▶</b> 65a	1			
004.15.d	2						
۵	<b>:</b>	<b>b</b> Routing number <b>c</b> Type:					
		d Account number					
	60	Amount of line 64 you want <b>APPLIED TO YOUR 2000</b>					
		ESTIMATED TAX	▶   66				
Amount	e   6.	If line 53 is more than line 63, subtract line 63 from line	53. This is the A	MOUNT YO	U		
₹,	5   1	OWE. For details on how to pay, including what to write of					
Ĕ.	no						
	- 68	· · · · · · · · · · · · · · · · · · ·					
Sig	n	Under penalties of perjury, I declare that I have examined this return and belief, they are true, correct, and complete. Declaration of preparer (other					
He							
Keep	а сору			Your occupat	iori in the l	nineu States	
of the							
your	records.	'					
Pai		Preparer's	Pre	eparer's SSN or PTIN	1		
Pre	_	signature		<del></del>			
	er's	Firm's name (or yours if self-employed)			EIN		
Use Only		and address	7IP code				

Schedule /	<u>۸</u> —	Itemized Deductions (See pages 14, 15, ar	nd 1	6.)			07
State and Local	1	State income taxes	1			_	
Income Taxes	2	Local income taxes	2				
	3	Add lines 1 and 2				3	
Gifts to U.S.		Caution: If you made a gift and received a benefit in return, see page 15.					
Charities	4	Gifts by cash or check. If you made any gift of \$250 or more, see page 15	4				
	5	Other than by cash or check. If you made any gift of \$250 or more, see page 15. You <b>MUST</b> attach Form 8283 if "the amount of your deduction" (see definition on page 15) is more than \$500	5			-	
	6	Carryover from prior year	6				
	7	Add lines 4 through 6				7	
Casualty and Theft Losses	8	Casualty or theft loss(es). Attach Form 4684				8	
Job Expenses and Most Other	9	Unreimbursed employee expenses—job travel, union dues, job education, etc. You <b>MUST</b> attach Form 2106 or Form 2106-EZ if required. See page 16 ▶	9				
Miscellaneous						-	
Deductions	10	Tax preparation fees	10			-	
	11	Other expenses. See page 16 for expenses to deduct here. List type and amount ▶					
			11	1			
	12	Add lines 9 through 11	12			-	
	13	Enter the amount from Form 1040NR, line 34					
	14	Multiply line 13 by 2% (.02)	14				
	15	Subtract line 14 from line 12. If line 14 is more than line	15				
Other Miscellaneous Deductions	16	Other—certain expenses of disabled employees, estate tax etc. List type and amount ▶					
						16	
Total Itemized	17	Is Form 1040NR, line 34, over \$126,600 (over \$63,300 if y box 3, 4, or 5 on page 1 of Form 1040NR)?	you ch	necked filir	ng status	16	
Deductions		No. Your deduction is not limited. Add the amounts in the far for lines 3 through 16. Also enter this amount on Form 10			_	17	
		Yes. Your deduction may be limited. See page 16 for the ar here and on Form 1040NR, line 35.		- 1			

Page 3

## Tax on Income Not Effectively Connected With a U.S. Trade or Business Attach Forms 1042-S SSA-1042S RRR-1042S 1001 or similar form

		(a) U.S. tax		Enter amount of income under the appropriate rate of tax (see pages 16 and 17)											
Nature of income					t	<b>(b)</b> 10%		(c) 15%		(d) 30%		(e) Other (specify)			
				at source								%			.%
69	Dividends paid by:														
			69a												
			69b												
70	Interest:														
а	Mortgage		70a												
b		orations	70b												
			70c												
71		atents, trademarks, etc.)	71												
72	• "	copyright royalties	72												
73		rights, recording, publishing, etc.)	73												
74	Real property income	e and natural resources royalties.	74												
75	Pensions and annuiti	es	75												
76	Social security benef	its	76 77												
77	•														
78	· · · · · · · · · · · · · · · · · · ·														
	78														
79	Total U.S. tax withho	eld at source. Add column (a) of													
. •	lines 69a through 78.														
			79												
80	Add lines 69a through	h 78 in columns (b)-(e)			80										
81	Multiply line 80 by ra	ate of tax at top of each column			81										
82		effectively connected with a U.S.													
	1040NR, line 48 .	<u> </u>	<u> </u>			<u></u>	<u> </u>	<del></del>	<u> </u>	<u></u>	<u> </u>	<u> ▶</u>	82		
			C	apital Gail	ns ar	d Losses	rom	Sales or E	:xch	anges of P	rope		_		
	ter only the capital gains	83 (a) Kind of property and description		(b) Date		(c) Date sold (mo., day, yr.)		(d) Sales price		(e) Cost or o	other	(f) LOSS If (e) is me		(g) GAIN If (d) is mor	e
	osses from property sales xchanges that are from	(if necessary, attach statement of descriptive details not shown below)		acquired (mo., day, y						basis		than (d), subt	ract (d)	d) than (e), subtract (e)	
sourc	ces within the United	,		,		( -, -, -, -, -, -, -, -, -, -, -, -, -,	,				1	from (e	)	from (d)	
	es and not effectively ected with a U.S.														
	ness. Do not include a gain														
or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040).															
	,														
	eport property sales or anges that are effectively		_									,	,		
connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.		84 Add columns (f) and (g) of I	ine 83								84	](	+ )		
		95 Capital gain Combine calum	nno (f)	and (a) of line	- O1 I	Entartha rat	aain h	ore and on II	22 77	above (if a la	200 0	otor Ol	0.5		
		85 Capital gain. Combine columns (f) and (g) of line 84. Enter the net gain here and on line 77 above (if a loss, enter -0-) ▶ 85													

Form 1040NR (1999) Page **5** 

## Other Information (If an item does not apply to you, enter "N/A.")

		1	
A	What country issued your passport?	М	If you are claiming the benefits of a U.S. income tax treaty with a foreign country, give the following information. See
В	Were you ever a U.S. citizen? ☐ Yes ☐ No		page 17 for additional information.  ● Country ▶
С	Give the purpose of your visit to the United States ▶		• Type and amount of effectively connected income exempt from tax. Also, identify the applicable tax treaty article. Do not enter exempt income on lines 8–15, 16b, and 17b–21 of Form 1040NR:
D	Type of entry visa and visa number ▶ and type of current visa and date		For 1999 (also, include this exempt income on line 22 of Form 1040NR) ▶
	of change ►		
E	Date you first entered the United States ▶		For 1998 ▶
F	Did you give up your permanent		
	residence as an immigrant in the United		
	States this year?		• Type and amount of income not effectively connected that
G	Dates you entered and left the United States during the		is exempt from or subject to a reduced rate of tax. Also,
_	year. Residents of Canada or Mexico entering and leaving the United States at frequent intervals, give name of country		identify the applicable tax treaty article:  For 1999 ▶
	only. ▶		
Н	Give number of days (including vacation and nonwork		For 1998 ▶
	days) you were present in the United States during:		
	1997, 1998, and 1999		
	,		
I	If you are a resident of Canada, Mexico, Japan, or the Republic of Korea, or a U.S. national, did your spouse contribute to the		<ul> <li>Were you subject to tax in that country on any of the income you claim is entitled to the treaty benefits?</li> <li>Yes</li> <li>No</li> </ul>
	support of any child claimed on Form 1040NR, line 7c?		<ul> <li>Did you have a permanent establishment or fixed base (as defined by the tax treaty) in the United States at any time during</li> </ul>
	If you were a resident of Japan or the Republic of Korea		1999?
	for any part of the tax year, enter in the space below your total foreign source income not effectively connected with a U.S. trade or business. This information is needed so that	N	If you file this return to report community income, give your spouse's name, address, and identifying number.
	the exemption for your spouse and dependents residing in the United States (if applicable) may be allowed in		
	accordance with Article 4 of the income tax treaties between the United States and Japan or the United States and the Republic of Korea.	0	If you file this return for a trust, does the trust have a U.S. business? ☐ Yes ☐ No If "Yes," give name and address ▶
	Total foreign source income not effectively connected with a U.S. trade or business ▶\$		
J	Did you file a U.S. income tax return for any year before 1999? Yes No	P	Is this an "expatriation return" (see page 17)?
	If "Yes," give the latest year and form number ▶		If "Yes," you must attach Form 8854 OR
v	To which Internal Dayanus office did you pay any amounts		attach an explanation as to why you are not submitting that form.
N	To which Internal Revenue office did you pay any amounts claimed on Form 1040NR, lines 55, 57, and 60?		not submitting that form.
		Q	During 1999, did you apply for, or take
L	Have you excluded any gross income other		other affirmative steps to apply for, lawful permanent resident status in the United
	than foreign source income not effectively		States or have an application pending to
	connected with a U.S. trade or business? . $\square$ Yes $\square$ No		adjust your status to that of a lawful
	If "Yes," show the amount, nature, and source of the excluded income. Also, give the reason it was excluded.		permanent resident of the United States? ☐ Yes ☐ No  If "Yes" explain ▶
	(Do not include amounts shown in item M.)		If "Yes," explain ▶