Dep	m 2063 v. September 2006) artment of the Treasury rnal Revenue Service	U.S. Departing Alien Income Tax Statement For a Resident Alien Against Whom a Termination Assessment Has Not Be For a Nonresident Alien Having No Taxable Income From United States	OMB No. 1545-0138	
1	Name (please print or	Social security	Social security number or ITIN, if any	
2	U.S. address (number	r, street, and apt. no. or rural route)	State and ZIP code	
_				
3	Complete foreign add	ress		
4	Tax year	5 While in the U.S., check if you were: An employee Self-employed 6 Of what country are you a citizen or subject that the subject to the su	t? 7 Passport	ort or alien registration umber
8	Date of departure	9 Original date of your entry into the U.S. 10 Date on which you last arrived in the U.S.		
11	Are you a resident alie of the U.S.?	en Yes No If "No," enter the country of which you are a resident		

Annual Certificate of Compliance (IRS Form 2063)

This certifies that
has satisfied all United States of America income tax obligations with respect to income received or to be received for the tax year ended, determined to the extent practicable, based on all information available to me on this date.
(Field Assistance Area Director) Internal Revenue Service
By (Name and title)

Area Director's Stamp

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

12a	Did you receive or do you expect to receive any income subject to U.S. income tax for the year shown on line 4 on the front of this form?							
b	Was U.S. inco				Yes No			
С	Did you make	any estimated income tax payment	s?		☐ Yes ☐ No			
13a b	Did you receive any income subject to U.S. income tax during the prior tax year?							
С	(1) Year	(2) Taxable income	(3) Tax paid	(4) Balance due				
14	Are you liable for filing tax returns or paying taxes to the United States for any prior year not shown above? . L Yes L No							
Declaration. Under penalties of perjury, I declare that I have examined the above statements, and to the best of my knowledge and belief, they are true, correct, and complete.								
Sigi Her								
	Signature	of departing alien		Date				



IMPORTANT

Please keep this certificate with your passport

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 6001, 6011, 6012(a), 6851, and their regulations require that you give us the information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. If you do not give the information asked for, you may be charged penalties and you may be subject to criminal prosecution.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 6 min.; Learning about the law or the form, 3 min.; Preparing the form, 26 min.; Copying, assembling, and sending the form to the IRS, 13 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address.