

Tax Exemptions Information

Is your spouse in the U. S.?' <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have other dependents in the U.S. you would like to claim exemptions for? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many?

Residency Verification

What country did you live in before this visit to the U.S.?	Did you pay taxes as a resident of that country? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did your tax residency in that country end prior to this visit to the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____ / _____ / _____

U.S. Immigration History

If the answer to either of the questions below is yes, please complete U.S. Immigration History, Part 2

Have you ever had another immigration status in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been present in the United States before this visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

U.S. Immigration History, Part 2

Please list any F, J, M, or Q visa immigration activity since January 1, 1985, and all other visa immigration activity only for the past three calendar years.

Date of Entry	Date of Exit	Visa/Immigration Status	J-1 Subtype	Primary Activity	Have you taken any treaty benefits?
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on the form I must submit a new Tax Assessment Intake Form.

Signature	Local Telephone Number	Date
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Consent And Authorization To Release Information

I, _____ (name), hereby authorize the University of Missouri to release <u>information contained on the Tax Assessment Intake Form to Windstar Technologies, Inc., P.O. Box 800 Providence Hwv, Ste 13 Norwood, MA 02062-0800</u> for the following purpose: <u>technical software support for THE INTERNATIONAL TAX NAVIGATOR SYSTEM</u>	
Signature	Date