

Form <b>13614-NR</b> (October 2025)		Department of the Treasury - Internal Revenue Service <b>Nonresident Alien Intake and Interview Sheet</b>				OMB Number 1545-1964																																																															
Last or family name			First			Middle initial																																																															
Visa #			Passport #																																																																		
Date of birth: (mm/dd/yyyy) ____ / ____ / ____		Telephone #		E-mail address																																																																	
Were you a U.S. citizen or resident alien the entire year? <input type="checkbox"/> Yes <input type="checkbox"/> No				Were you ever a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																	
U.S. local street address																																																																					
City			State		Zip code																																																																
Foreign residence address																																																																					
Address line 2																																																																					
Foreign country			Province/County		Postal code																																																																
Country of citizenship			Country that issued passport																																																																		
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", is your spouse in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																					
If "YES", is it recognized by the state where you will be filing? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																					
<b>Are you a</b>																																																																					
U.S. National		Resident of Canada		Resident of Mexico		Resident of South Korea		Resident of India																																																													
<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																																																													
<b>Dependent Information (Only if "Yes" is checked in one of the categories above)</b>																																																																					
<table border="1"><thead><tr><th>First name</th><th>Last or family name</th><th>Date of birth (mm/dd/yyyy)</th><th>Relationship to you (son, daughter, none, etc.)</th><th>Number of months lived with you in the U.S. in 2025</th><th>U.S. citizen, U.S. resident alien, U.S. national, or a resident of Canada, Mexico, or South Korea</th><th>Did person file joint return?</th><th>Did person provide more than 50% of their own support?</th><th>Did you provide more than 50% of their support?</th><th>Did the person have Gross Income of \$5,200 or more?</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>										First name	Last or family name	Date of birth (mm/dd/yyyy)	Relationship to you (son, daughter, none, etc.)	Number of months lived with you in the U.S. in 2025	U.S. citizen, U.S. resident alien, U.S. national, or a resident of Canada, Mexico, or South Korea	Did person file joint return?	Did person provide more than 50% of their own support?	Did you provide more than 50% of their support?	Did the person have Gross Income of \$5,200 or more?																																																		
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What is the date you FIRST entered the United States on a non-visitor Visa? ____ / ____ / ____																																																																					
<b>Entry Immigration Status - Check one</b>																																																																					
<input type="checkbox"/> U.S. Immigrant/Permanent resident			<input type="checkbox"/> F-1 Student			<input type="checkbox"/> F-2 Spouse or child of student																																																															
<input type="checkbox"/> H-1 Temporary employee			<input type="checkbox"/> *J-1 Exchange visitor			<input type="checkbox"/> J-2 Spouse or child of exchange visitor																																																															
Other (list) _____																																																																					
<b>Current Immigration Status - Check one</b>																																																																					
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<input type="checkbox"/> H-1 Temporary employee			<input type="checkbox"/> *J-1 Exchange visitor			<input type="checkbox"/> J-2 Spouse or child of exchange visitor																																																															
Other (list) _____																																																																					
Have you ever changed your visa type or U.S. immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																					
If "Yes", indicate the date and nature of the change. ____ / ____ / ____																																																																					
Enter the type of U.S. visa you held during these years																																																																					
2019 _____ 2020 _____ 2021 _____ 2022 _____ 2023 _____ 2024 _____																																																																					
<b>* If Immigration status is J-1, what is the subtype? Check one</b>																																																																					
<input type="checkbox"/> 01 Student			<input type="checkbox"/> 05 Professor			<input type="checkbox"/> 12 Research scholar																																																															
<input type="checkbox"/> 02 Short term scholar			Other (list) _____																																																																		
<b>What is the actual primary activity of the visit? Check one</b>																																																																					
<input type="checkbox"/> 01 Studying in a degree program			<input type="checkbox"/> 04 Lecturing		<input type="checkbox"/> 07 Conducting research		<input type="checkbox"/> 10 Clinical activities																																																														
<input type="checkbox"/> 02 Studying in a non-degree program			<input type="checkbox"/> 05 Observing		<input type="checkbox"/> 08 Training		<input type="checkbox"/> 11 Temporary employment																																																														
<input type="checkbox"/> 03 Teaching			<input type="checkbox"/> 06 Consulting		<input type="checkbox"/> 09 Demonstrating special skills		<input type="checkbox"/> 12 Here with spouse																																																														
Catalog Number 39748B																																																																					
www.irs.gov																																																																					
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Check the years you were present in the United States as a teacher, trainee, student or as an accompanying spouse or dependent of a person in such status for any part of the year. ☐ 2019 ☐ 2020 ☐ 2021 ☐ 2022 ☐ 2023 ☐ 2024

Have you ever been present in the U.S. PRIOR to 2019 on a teacher, trainee, student visa, or as their accompanying spouse or dependent? ☐ Yes ☐ No If so, what years and visa type \_\_\_\_\_

How many days (including vacations, nonworkdays and partial days) were you present in the U.S. during

2023 \_\_\_\_\_ 2024 \_\_\_\_\_ 2025 \_\_\_\_\_

List the dates you entered and left the United States during 2025

Date entered United States mm/dd/yyyy	Date departed United States mm/dd/yyyy	Date entered United States mm/dd/yyyy	Date departed United States mm/dd/yyyy

Did you file a U.S. income tax return for any year before 2025? ☐ Yes ☐ No

If "Yes", give latest year \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Form number filed \_\_\_\_\_

During 2025, did you apply to be a green card holder (lawful permanent resident) of the United States? ☐ Yes ☐ No

Do you have an application pending to change your status to lawful permanent resident? ☐ Yes ☐ No

1. Are you claiming the benefits of a U.S. income tax treaty with a foreign country? ☐ Yes ☐ No

If "Yes", enter the appropriate information in the columns below

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? ☐ Yes ☐ No

#### Information about academic institution you attended in 2025

Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Address \_\_\_\_\_

Name of your academic/specialized program director \_\_\_\_\_ Telephone number \_\_\_\_\_

Address \_\_\_\_\_

If you are due a refund, would you like Direct Deposit ☐ Yes ☐ No

If you have a balance due, would you like to make a payment directly from your bank account ☐ Yes ☐ No

#### During 2025 did you receive

#### Did you have

Scholarships or fellowship grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Casualty losses in a declared disaster area	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wages, salaries or tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student loan interest paid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interest	<input type="checkbox"/> Yes <input type="checkbox"/> No	State or local income taxes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distributions from IRA, pension or annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Charitable contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No
State or local tax refunds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child/Dependent care expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dividend income or capital gains or losses	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Any other income (gambling, lottery, prizes, awards, self-employment, rents, royalties, virtual currency, etc.) ☐ Yes ☐ No

Did you or any dependent have health insurance coverage through **HealthCare.gov** (The Marketplace)? ☐ Yes ☐ No

If yes, was any Advanced Premium Tax Credit received? (Provide Form 1095-A) ☐ Yes ☐ No

#### Privacy Act and Paperwork Reduction Act Notice

We are asking for this information so you may participate in the IRS Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) program which provides IRS-certified volunteer income tax preparers to assist with basic income tax return preparation for qualified individuals. The IRS authority to collect this information is 5 U.S.C. section 301 and 26 U.S.C. section 7801. The information you provide may be disclosed to others who coordinate VITA/TCE staffing, outreach, and other VITA/TCE related activities. The IRS may only disclose your return and return information as provided by 26 U.S.C. section 6103. All other records may be disclosed only for purposes the IRS deems are compatible with the purpose for which IRS collected the records, and consistent with any routine use disclosures described in the System of Record Notice (SORN) Treasury/IRS 24.030, Customer Account Data Engine (CADE) Individual Master File (IMF). You may view Treasury/IRS SORNs on the Treasury SORN website at [Treasury.gov/System of Records Notices \(SORNs\)](https://www.treasury.gov/system-of-records/Notices). Providing this information is voluntary however, if you do not provide the requested information the IRS volunteers may not be able to assist you with preparing and filing your tax return.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.