Form **2350** 

## **Application for Extension of Time** To File U.S. Income Tax Return

For U.S. Citizens and Resident Aliens Abroad Who Expect To Qualify for Special Tax Treatment ► See instructions later.

2021

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form2350 for the latest information.

Please print o		Your first nar	me and middle initial(s)	Last name		,	Your social security number	
type.		If a joint retu	rn, spouse's first name and middle initial(s)	Last name		:	Spouse's social security number	
		Home addre	ss (number and street). If you have a P.O. bo	x, see instructions.				
File by the du	e	City, town or post office, state, and ZIP code. If you have a foreign address, enter only the city name on this line; then complete the spaces below. See instructions.						
filing your return.	Foreign country name		Foreign province/county		/county	unty Foreign postal code		
			Please fill in the Re		bottom of th	is page.		
1	I request an extension of time until to file my income tax return for the calendar year							
	or other tax year ending, because my tax home is in a foreign country and I expect to qualif for special tax treatment by meeting the "bona fide residence test" or the "physical presence test." (See instructions.)							
2 3 4a	Were Will y	e you prev you need a	treatment by meeting the "bona iously granted an extension of time additional time to allocate moving e arrived in the foreign country	to file for this tax ye expenses?	ar?		Yes   No	
b	Date	Date qualifying period begins; ends;						
C Your foreign home address								
d		-	ct to return to the United States					
_								
_			not an extension of time to pay tax.					
5_	Ente	r the amo	unt of income tax paid with this forn	nature and Verific			▶   5	
			declare that I have examined this form, included and, if prepared by someone other than the to	ding accompanying schedu	les and statements		of my knowledge and belief, it is	
Signat	ure of t	axpayer ►				Da	te▶	
Signat	ure of s	spouse >				Da	te ►	
		oreparer payer ►				Da	te►	
			<b>Label</b> below. The IRS will complete the or the other address and add the agent's		nd return it to yo	u. If you want	it sent to another address or to an	
							(Do not detach)	
			We have approved your applicat	ion.			•	
Notice to Applicar To Be			We have not approved your app					
		t	However, we have granted a 45-day grace period to This grace period is					
		considered a valid extension of time for elections otherwise required to be made on a timely return.						
			We <b>have not</b> approved your application. After considering the above information, we cannot grant your request for an extension of time to file. We are not granting a 45-day grace period.					
Complete by the IR		We cannot consider your application because it was filed after the due date of your return.						
Бу	ille likk		Other					
				Director		1	Date	
type)	Taxpayer's name (and agent's name, if applicable). If a joint return, also give spouse's name.							
Label	Addres	Address (number and street, including suite, room, or apt. no., or P.O. box number)						
<b>Return Label</b> Please print or type)	City or town, province or state, and country (including postal or ZIP code)				Always inclu	Agents: de taxpayer's name on Return Label.		