

Schedule B Income Statement

Provide income information for the following period.

- Part II filers - the tax year for which you are filing the form
- Part IV filers - the part of the tax year that ends with the day before your expatriation date; but enter -0- for lines 5 through 7.

| | | | |
|---|---|-----------|--|
| 1 U.S. source gross income not effectively connected with the conduct of a U.S. trade or business. | | | |
| a | Interest | 1a | |
| b | Dividends | 1b | |
| c | Royalties | 1c | |
| d | Pension distributions | 1d | |
| e | Other | 1e | |
| f | Total. Add lines a through e | 1f | |
| 2 | Gross income that is effectively connected with the conduct of a U.S. trade or business | 2 | |
| 3 | Income from the performance of services in the United States | 3 | |
| 4 Gains from the sale or exchange of: | | | |
| a | Property (other than stock or debt obligations) located in the United States | 4a | |
| b | Stock issued by a U.S. domestic corporation | 4b | |
| c | Debt obligations of U.S. persons or of the United States, a state or political subdivision thereof, or the District of Columbia | 4c | |
| d | Total. Add lines a through c | 4d | |
| 5 | Income or gain derived from certain foreign corporations to the extent of your share of earnings and profits earned or accumulated before the date of expatriation (see instructions) | 5 | |
| 6 | Gains on certain exchanges of property that ordinarily wouldn't be recognized (see instructions) | 6 | |
| 7 | Income received or accrued by certain foreign corporations (see instructions) | 7 | |
| 8 | Add lines 1f, 2, 3, 4d, 5, 6, and 7 | 8 | |
| 9 | Gross income from all other sources | 9 | |
| 10 | Total. Add lines 8 and 9 | 10 | |

Sign Here Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than filer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|--------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ▶ | | | | Firm's EIN ▶ |
| | Firm's address ▶ | | | | Phone no. |