

-PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.

<p>1. Agency/Subagency originating request Department of the Treasury Internal Revenue Service</p>	<p>2. OMB control number a. <u>1 5 4 5</u> — <u>0 0 8 9</u> b. <u>None</u></p>
<p>3. Type of information collection (check one) a. <u>None</u> New collection b. <u>X</u> Revision of a currently approved collection c. <u>None</u> Extension of a currently approved collection d. <u>None</u> Reinstatement, without change, of a previously approved collection for which approval has expired e. <u>None</u> Reinstatement, with change, of a previously approved collection for which approval has expired f. <u>None</u> Existing collection in use without an OMB control number</p> <p><i>For b-f, note item A2 of Supporting Statement instructions</i></p>	<p>4. Type of review requested (check one) a. <u>X</u> Regular b. <u>None</u> Emergency - Approval requested by: <u>09 / 24 / 03</u> c. <u>None</u> Delegated</p> <p>5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <u>None</u> Yes <u>X</u> No</p> <p>6. Requested expiration date a. <u>X</u> Three years from approval date b. <u>None</u> Other Specify: <u>None</u></p>
<p>7. Title U.S. Nonresident Alien Income Tax Return</p>	
<p>8. Agency form number(s) (if applicable) Form 1040NR</p>	
<p>9. Keywords 'alien, tax return'</p>	
<p>10. Abstract Form 1040NR is used by nonresident alien individuals and foreign estates and trusts to report their income subject to tax and compute the correct tax liability. The information on the return is used to determine whether income, deductions, credits, payments, etc., are correctly figured. Affected public are nonresident alien individuals, estates, and trusts.</p>	
<p>11. Affected public (Mark primary with "P" and all others that apply with "X") a. <u>P</u> Individuals or households d. <u>X</u> Farms b. <u>X</u> Business or other for-profit e. <u>None</u> Federal Government c. <u>None</u> Not-for-profit institutions f. <u>None</u> State, Local or Tribal Government</p>	<p>12. Obligation to respond (Mark primary with "P" and all others that apply with "X") a. <u>None</u> Voluntary b. <u>None</u> Required to obtain or retain benefits c. <u>P</u> Mandatory</p>
<p>13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>309,170</u> b. Total annual responses <u>497,833</u> 1. Percentage of these responses collected electronically <u>0</u> % c. Total annual hours requested <u>4,790,964</u> d. Current OMB inventory <u>4,194,939</u> e. Difference <u>+596,025</u> f. Explanation of difference 1. Program change <u>+15,459</u> 2. Adjustment <u>+580,566</u></p>	<p>14. Annual reporting and recordkeeping cost burden (in thousands of dollars) a. Total annualized capital/startup costs <u>None</u> b. Total annual costs (O&M) <u>None</u> c. Total annualized costs requested <u>None</u> d. Current OMB inventory <u>None</u> e. Difference <u>None</u> f. Explanation of difference 1. Program change <u>None</u> 2. Adjustment <u>None</u></p>
<p>15. Purpose of information collection (Mark primary with "P" and all others that apply with "X") a. <u>None</u> Application for benefits e. <u>None</u> Program planning or management b. <u>None</u> Program evaluation f. <u>None</u> Research c. <u>None</u> General purpose statistics g. <u>P</u> Regulatory or compliance d. <u>None</u> Audit</p>	<p>16. Frequency of recordkeeping or reporting (check all that apply) a. <u>X</u> Recordkeeping b. <u>None</u> Third party disclosure c. <u>X</u> Reporting 1. <u>None</u> On occasion 2. <u>None</u> Weekly 3. <u>None</u> Monthly 4. <u>None</u> Quarterly 5. <u>None</u> Semi-annually 6. <u>X</u> Annually 7. <u>None</u> Biennially 8. <u>None</u> Other (describe) <u>None</u></p>
<p>17. Statistical methods Does this information collection employ statistical methods? <u>None</u> Yes <u>X</u> No</p>	<p>18. Agency contact (person who can best answer questions regarding the content of this submission) Name: <u>Carol Savage</u> Phone: <u>(202) 622-3945</u></p>

19. Certification for Paperwork Reduction Act Submissions



On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number.
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Program Official  Glenn P. Kirkland, IRS Reports Clearance Officer	Date 8/11/2003
Signature of Senior Official or Designee  Departmental Reports Management Officer	Date AUG 11 2003

Please continue to assign OMB Number 1545-0089 to the following regulations.

Reporting Regulations

1.861-2(b) & (d)
1.861-3(a) & (c)
1.871-10(d)(1)(11)
1.871-10(d)(2)(iii)
1.874-1
1.6011-1
1.6012-1 through 1.6012-5
1.6012-6
301.7701(b)-8

Regulations which impose no additional burden*

1.871-7 & 10(b) & (c)
1.874-1(a)
1.1441-3
1.1441-3(b)
1.6012-1(b)
1.6091-3

*We have reviewed these regulations and have determined that the reporting requirements contained in them are entirely reflected on Form 1040NR.

Estimates of the annualized cost to respondents for the hour burdens shown are not available at this time.

13. ESTIMATED TOTAL ANNUAL COST BURDEN TO RESPONDENTS

As suggested by OMB, our Federal Register notice dated June 9, 2003, requested public comments on estimates of cost burden that are not captured in the estimates of burden hours, i.e., estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. However, we did not receive any response from taxpayers on this subject. As a result, estimates of the cost burdens are not available at this time.

14. ESTIMATED ANNUALIZED COST TO THE FEDERAL GOVERNMENT

After consultation with various functions within the Service, we have determined that the cost of developing, printing, processing, and overhead for the form is \$149,178.