

Where to File 1040NR EZ

Tax Return & 8843 Without Payment:

Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0215
USA

Tax Return & 8843 With Payment Enclosed:

Department of the Treasury
P.O. Box 1303
Internal Revenue Service
Charlotte, NC 28201-1303
USA

Mail all forms
and
payments by
April 18th!

Currently, you cannot file Form 1040NR EZ electronically with the IRS. You will need to send a paper copy of the form and supporting documents.

See the next page for mailing instructions.

Certified Mail

If you are sending a payment, or are sending your tax return close to the April 18th due date, it is recommend that you send the mail “certified” with a return receipt which is a green postcard. This will cost a few dollars extra, but it is your proof that the IRS received your mail before April 18th. Keep the return receipt filed with a copy of your tax return.

Request the following two items from the post office:

Return Receipt (Green Postcard)

Certified Mail Receipt

7012 1010 0002 4690 1824
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL™

7012 1010 0002 4690 1824
 7012 1010 0002 4690 1824

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 0.45 (1st Class Postage)	Postmark Here
Certified Fee	\$ 2.95	
Return Receipt Fee (Endorsement Required)	\$ 2.35 (if desired)	
Restricted Delivery Fee (Endorsement Required)	\$ 4.55 (if desired)	
Total Postage & Fees	\$ 10.30	

Sent To
 Reggie Redbird
 Street, Apt. No.,
 or PO Box No. 123 State St
 City, State, ZIP+4 Normal IL 61761

PS Form 3800, August 2005 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to: Reggie Redbird 123 State St Normal IL 61761	
2. Article Number (Transfer from service label) # from certified mail slip	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102985-02-M-1540	

UNITED STATES POSTAL SERVICE

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

* Sender: Please print your name, address, and ZIP+4 in this box *

Your Name
 Your Department
 Illinois State University
 Campus Box ____
 Normal IL 61790-____