

Please print or type

Your first name and middle initial: HARISH; Last name: VEMULA; Identifying number: 845-69-2810; Present home address: 210 WALL STREET, SEATTLE WA 98121; Foreign country name, Foreign province/state/county, Foreign postal code.

Filing Status

1 [] Reserved; 2 [X] Single nonresident alien; 3 [] Reserved; 4 [] Reserved; 5 [] Married nonresident alien; 6 [] Qualifying widow(er) (see instructions); Child's name

Dependents

If more than four dependents, see instructions and check here. []

Table with 6 columns: (1) First name, Last name, (2) Identifying number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Income Effectively Connected With U.S. Trade/Business

Attach Form(s) W-2, 1042-S, SSA-1042S, RRB-1042S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld.

Table with 2 columns: Description (lines 8-23) and Amount. Total effectively connected income: 58,398.

Adjusted Gross Income

Table with 2 columns: Description (lines 24-35) and Amount. Adjusted Gross Income: 58,398.

Tax and Credits

Table with 2 columns: Description (lines 36-39) and Amount. Itemized deductions: 12,200.

Tax and Credits (continued)

Table with 3 columns: Line number, Description, and Amount. Rows 40-53. Total credits: 6,017.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Rows 54-61. Total tax: 6,017.

Payments

Table with 3 columns: Line number, Description, and Amount. Rows 62-71. Total payments: 10,808.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Rows 72-74. Refund amount: 4,791.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Rows 75-76.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. [] Yes. Complete below. [X] No

Sign Here

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name: SYAM PRIYA RAM SAGAR GUPTA TALLAM. Preparer's signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM. Date: 04/01/2021. Check [] if self-employed. PTIN: P02082703.

Schedule A—Itemized Deductions (see instructions)

07

Taxes You Paid				
1	State and local income taxes			
a	State and local income taxes	1a		
b	Enter the smaller of line 1a and \$10,000 (\$5,000 if box 5 is checked)			1b
Gifts to U.S. Charities				
2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2		
3	Other than by cash or check. If you made any gift of \$250 or more, see instructions. Individuals must attach Form 8283 if line 3 is over \$500	3		
4	Carryover from prior year	4		
5	Add lines 2 through 4			5
Casualty and Theft Losses				
6	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			6
Other Itemized Deductions				
7	Other—from list in instructions. List type and amount ► _____ _____ _____ _____ _____ _____			7
Total Itemized Deductions				
8	Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040-NR, line 37			8

Schedule NEC—Tax on Income Not Effectively Connected With a U.S. Trade or Business (see instructions)

		Enter amount of income under the appropriate rate of tax (see instructions)			
Nature of income		(a) 10%	(b) 15%	(c) 30%	(d) Other (specify) %
1	Dividends and dividend equivalents:				
a	Dividends paid by U.S. corporations				
b	Dividends paid by foreign corporations				
c	Dividend equivalent payments received with respect to section 871(m) transactions				
2	Interest:				
a	Mortgage				
b	Paid by foreign corporations				
c	Other				
3	Industrial royalties (patents, trademarks, etc.)				
4	Motion picture or T.V. copyright royalties				
5	Other royalties (copyrights, recording, publishing, etc.)				
6	Real property income and natural resources royalties				
7	Pensions and annuities				
8	Social security benefits				
9	Capital gain from line 18 below				
10	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0- .				
a	Winnings _____				
b	Losses _____				
11	Gambling winnings—Residents of countries other than Canada. Note: Losses not allowed				
12	Other (specify) ▶ _____				
13	Add lines 1a through 12 in columns (a) through (d)				
14	Multiply line 13 by rate of tax at top of each column				
15	Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 54				15

Capital Gains and Losses From Sales or Exchanges of Property

16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
17	Add columns (f) and (g) of line 16					17 (_____)	
18	Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter -0-)						18

Schedule OI—Other Information (see instructions)

Answer all questions

A Of what country or countries were you a citizen or national during the tax year? INDIA

B In what country did you claim residence for tax purposes during the tax year? United States

C Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No

D Were you ever:

1. A U.S. citizen? Yes No

2. A green card holder (lawful permanent resident) of the United States? Yes No

If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.

E If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1

F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No

If you answered "Yes," indicate the date and nature of the change.

G List all dates you entered and left the United States during 2019. See instructions.

Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, check the box for Canada or Mexico and skip to item H

Table with 4 columns: Date entered United States, Date departed United States, Date entered United States, Date departed United States

H Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2017, 2018, and 2019 365

I Did you file a U.S. income tax return for any prior year? Yes No

If "Yes," give the latest year and form number you filed 1040NR

J Are you filing a return for a trust? Yes No

If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No

K Did you receive total compensation of \$250,000 or more during the tax year? Yes No

If "Yes," did you use an alternative method to determine the source of this compensation? Yes No

L Income Exempt from Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

Table with 4 columns: (a) Country, (b) Tax treaty article, (c) Number of months claimed in prior tax years, (d) Amount of exempt income in current tax year

(e) Total. Enter this amount on Form 1040-NR, line 22. Do not enter it on line 8 or line 12

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

3. Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No

If "Yes," attach a copy of the Competent Authority determination letter to your return.

M Check the applicable box if:

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2019
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
HARISH VEMULA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 845-69-2810

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions) ▶	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2 0.
3	If you were under age 55 at the end of 2019 and, on the first day of every month during 2019, you were, or were considered, an eligible individual with the same coverage, enter \$3,500 (\$7,000 for family coverage). All others , see the instructions for the amount to enter	3 3,500.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 3,500.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter	6 3,500.
7	If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions)	7 0.
8	Add lines 6 and 7	8 3,500.
9	Employer contributions made to your HSAs for 2019	9 1,467.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 1,467.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 2,033.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040-NR, line 25	13 0.
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).		

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2019 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter "HSA" and the amount on the line next to the box	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HSA" and the amount on the line next to the box	17b

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. On the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	