Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpaver's name

| Taxpayer's name   |                      |  | Social security nu | mber           |  |  |  |  |  |
|---|----------------------|--|--------------------|----------------|--|--|--|--|--|
| HARSHITHA JAYARAMAREDDY PUTTALAKSHMAN   | MMA                  |  | 313-55-56          | 542            |  |  |  |  |  |
| Spouse's name   |                      |  | Spouse's social s  | ecurity number |  |  |  |  |  |
|   |                      |  |                    |                |  |  |  |  |  |
| Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.) |                      |  |                    |                |  |  |  |  |  |
| Enter whole dollars only on lines 1 through 5.  |                      |  |                    |                |  |  |  |  |  |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1  | , 2, 3, and 5 blank. |  |                    |                |  |  |  |  |  |
| 1 Adjusted gross income   |                      |  | 1                  | 17,157.        |  |  |  |  |  |
| <b>2</b> Total tax  |                      |  | 2                  | 478.           |  |  |  |  |  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 an  | d Form(s) 1099       |  | 3                  | 2,094.         |  |  |  |  |  |
| 4 Amount you want refunded to you   |                      |  | 4                  | 1,616.         |  |  |  |  |  |
| <b>5</b> Amount you owe   |                      |  | 5                  | ;              |  |  |  |  |  |

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

| X | I authorize | GLOBAL | TAXES | LLC           | to enter or generate my PIN |  |
|---|-------------|--------|-------|---------------|-----------------------------|--|
|   |             |        |       | ERO firm name |                             |  |

| 5          | 5                | 6               | 4               | 2          |       |
|------------|------------------|-----------------|-----------------|------------|-------|
| Ent<br>don | er fiv<br>n't er | /e di<br>iter a | gits,<br>all ze | but<br>ros | as my |

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's signature ►  | Date 🕨                             |
|---|------------------------------------|
| Practitioner PIN Method Returns On  | nly—continue below                 |
| Part III Certification and Authentication – Practitioner PIN Me               | ethod Only                         |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-se | elected PIN. 5 8 7 2 7 8 6 1 9 8 9 |

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

| ERO's signature 🕨   |     | Date 🕨           |                          |
|---|-----|------------------|--------------------------|
| ERO Must Retain This<br>Don't Submit This Form to the                 |     |                  |                          |
| For Paperwork Reduction Act Notice, see your tax return instructions. | BAA | REV 03/13/21 PRO | Form 8879 (Rev. 01-2021) |

| <b>1040</b>                                | -NR Department of the Treasury-<br>U.S. Nonresident  | Internal Revenue Service Alien Income Tax | (99)<br><b>Return</b>                            | 2020                | OMB No. 154    | 45-0074 | RS Use Only-Do not write<br>or staple in this space. |
|--|--|---|--|---------------------|----------------|---------|--|
| Filing<br>Status<br>Check only<br>one box. | Single Married filing separation of the the QW box, enter the qualifying person is a child but not y |   | ried)  | Qualifying wido     | w(er) (QW)     |         |  |
| Your first name                            | and middle initial   | Last name                                 | Last name Your identifying nu (see instructions) |                     |                |         |  |
| HARSHITHA                                  |  | JAYARAMAREDDY                             | JAYARAMAREDDY PUTTALAKSHMAMMA 313-55-5642        |                     |                |         |  |
| Home address (                             | number and street or rural route). If you  | u have a P.O. box, see inst               | ructions.  |                     | Apt. no.       | Check i | f: 🛛 Individual                                      |
| 8 MILTON                                   | COURT,   |   |  |                     |                |         | Estate or Trust                                      |
|  | st office. If you have a foreign address, al<br>JUNCTION NJ 08550                                    | so complete spaces below.                 | State  | ZIP code            | e              |         |  |
| Foreign country                            | name   | Foreign province/state/co                 | ounty  | Foreign             | postal code    |         |  |
| At any time duri                           | ng 2020, did you receive, sell, send, ex   | change, or otherwise acqu                 | lire any fina                                    | ncial interest in a | any virtual cu | rrency? | Yes 🗙 No   |

| Dependents                        |       |  |                                |                                    | (-) -      |                             | <b>(4) 🗸</b> i | f qualifie | es for (see instr.):           |
|-----------------------------------|-------|--|--------------------------------|------------------------------------|------------|-----------------------------|----------------|------------|--------------------------------|
| (see instructions):               |       | (1) First name                                   | Last name                      | (2) Dependent's identifying number |            | ependent's<br>onship to you | Child tax      | credit     | Credit for other<br>dependents |
|                                   |       |  |                                |                                    |            |                             |                | ]          |                                |
| If more than four dependents, see |       |  |                                |                                    |            |                             |                | ]          |                                |
| instructions and                  |       |  |                                |                                    |            |                             |                | ]          |                                |
| check here ►                      |       |  |                                |                                    |            |                             |                | ]          |                                |
| Income                            | 1a    | Wages, salaries, tips, e                         | tc. Attach Form(s) W-          | -2                                 |            |                             |                | 1a         | 17,157.                        |
| Effectively                       | b     | Scholarship and fellows                          | ship grants. Attach Fo         | orm(s) 1042-S or required          | d stateme  | ent. See instruct           | tions .        | 1b         |                                |
| Connected                         | с     | Total income exempt b                            | by a treaty from Sche          | edule OI (Form 1040-NR             | ), Item    |                             |                |            |                                |
| With U.S.                         |       | L, line 1(e)                                     |                                |                                    |            | 1c                          |                |            |                                |
| Trade or                          | 2a    | Tax-exempt interest .                            | <b>2</b> a                     | b Tax                              | able inte  | rest                        |                | 2b         |                                |
| Business                          | 3a    | Qualified dividends .                            | За                             | b Orc                              | dinary div | idends                      |                | 3b         |                                |
|                                   | 4a    | IRA distributions                                | 4a                             | b Tax                              | able amo   | ount                        |                | 4b         |                                |
|                                   | 5a    | Pensions and annuities                           | 5a                             | b Tax                              | able amo   | ount                        |                | 5b         |                                |
|                                   | 6     | Reserved for future use                          |                                |                                    |            |                             |                | 6          |                                |
|                                   | 7     | Capital gain or (loss). A                        | ttach Schedule D (Fo           | orm 1040) if required. If n        | ot require | ed, check here .            |                | 7          |                                |
|                                   | 8     | Other income from Schedule 1 (Form 1040), line 9 |                                |                                    |            |                             |                | 8          |                                |
|                                   | 9     | Add lines 1a, 1b, 2b, 3l                         | o, 4b, 5b, 7, and 8. Th        | his is your <b>total effective</b> | ly conne   | cted income .               | . 🕨            | 9          | 17,157.                        |
|                                   | 10    | Adjustments to income                            | :                              |                                    |            |                             |                |            |                                |
|                                   | а     | From Schedule 1 (Form                            | n 1040), line 22               |                                    | [          | 10a                         |                |            |                                |
|                                   | b     | Charitable contribution                          | s for certain residents        | s of India. See instructior        | ns.        | 10b                         |                |            |                                |
|                                   | с     | Scholarship and fellow                           | ship grants excluded           |                                    | [          | 10c                         |                |            |                                |
|                                   | d     | Add lines 10a through                            | 10c. These are your <b>t</b>   | otal adjustments to inc            | ome .      |                             | . 🕨            | 10d        |                                |
|                                   | 11    | Subtract line 10d from                           | line 9. This is your <b>ad</b> | ljusted gross income               |            |                             | . 🕨            | 11         | 17,157.                        |
|                                   | 12    |  |                                | orm 1040-NR)) or, for cer          |            |                             |                |            |                                |
|                                   |       | deduction. See instruct                          | ions                           |                                    | d Dedn     | US/India .                  | Treaty         | 12         | 12,400.                        |
|                                   | 13a   | Qualified business inco                          | me deduction. Attacl           | h Form 8995 or Form 899            | 95-A       | 13a                         |                |            |                                |
|                                   | b     | Exemptions for estates                           | and trusts only. See           | instructions                       | [          | 13b                         |                |            |                                |
|                                   | с     | Add lines 13a and 13b                            |                                |                                    |            |                             |                | 13c        |                                |
|                                   | 14    | Add lines 12 and 13c                             |                                |                                    |            |                             |                | 14         | 12,400.                        |
|                                   | 15    | Taxable income. Subt                             | ract line 14 from line         | 11. If zero or less, enter         | -0         |                             |                | 15         | 4,757.                         |
| For Disclosure,                   | Priva | cy Act, and Paperwork F                          | eduction Act Notice,           | see separate instruction           | IS.        | BAA REV 0                   | 3/13/21 PRO    | Fc         | orm <b>1040-NR</b> (2020)      |

| Form 1040-NR (2            | 2020)         |  |                      |                        |              |             |             |           |                          |              | Page <b>2</b>                   |
|----------------------------|---------------|--|----------------------|------------------------|--------------|-------------|-------------|-----------|--------------------------|--------------|---------------------------------|
|                            | 16            | Tax (see instructions). Check if a   | any from Form        | (s): <b>1</b> 🗌 88     | 814 <b>2</b> | 4972        | 2 3         |           |                          | 16           | 478.                            |
|                            | 17            | Amount from Schedule 2 (Form   |                      |                        |              |             |             |           |                          | 17           | 0.                              |
|                            | 18            | Add lines 16 and 17  |                      |                        |              |             |             |           |                          | 18           | 478.                            |
|                            | 19            | Child tax credit or credit for oth   |                      |                        |              |             |             |           |                          | 19           |                                 |
|                            | 20            | Amount from Schedule 3 (Form   | n 1040), line 7      |                        |              |             |             |           |                          | 20           |                                 |
|                            | 21            | Add lines 19 and 20  |                      |                        |              |             |             |           |                          | 21           |                                 |
|                            | 22            | Subtract line 21 from line 18. If  | zero or less,        | enter -0               |              |             |             |           |                          | 22           | 478.                            |
|                            | 23a           | Tax on income not effectively from Schedule NEC (Form 104                      | connected v          | with a U.S. tra        | ade or busi  | iness       | 23a         |           |                          |              |                                 |
|                            | b             | Other taxes, including self-empline 10   | ,                    |                        |              |             | 23b         |           |                          |              |                                 |
|                            | С             | Transportation tax (see instruct   | ions)                |                        |              | . [         | 23c         |           |                          |              |                                 |
|                            | d             | Add lines 23a through 23c .  |                      |                        |              |             |             |           |                          | 23d          |                                 |
|                            | 24            | Add lines 22 and 23d. This is y  | our <b>total tax</b> |                        |              |             |             |           | . 🕨                      | 24           | 478.                            |
|                            | 25            | Federal income tax withheld from   | om:                  |                        |              |             |             |           |                          |              |                                 |
|                            | а             | Form(s) W-2  |                      |                        |              |             | 25a         | 2         | 2,094.                   |              |                                 |
|                            | b             | Form(s) 1099   |                      |                        |              | . [         | 25b         |           |                          |              |                                 |
|                            | с             | Other forms (see instructions)   |                      |                        |              |             | 25c         |           |                          |              |                                 |
|                            | d             | Add lines 25a through 25c .  |                      |                        |              |             |             |           |                          | 25d          | 2,094.                          |
|                            | е             | Form(s) 8805   |                      |                        |              |             |             |           |                          | 25e          |                                 |
|                            | f             | Form(s) 8288-A   |                      |                        |              |             |             |           |                          | 25f          |                                 |
|                            | g             | Form(s) 1042-S   |                      |                        |              |             |             |           |                          | 25g          |                                 |
|                            | 26            | 2020 estimated tax payments a  | and amount a         | pplied from 20         | 19 return .  |             |             |           |                          | 26           |                                 |
|                            | 27            | Reserved for future use  |                      |                        |              | .           | 27          |           |                          |              |                                 |
|                            | 28            | Additional child tax credit. Atta  | ch Schedule 8        | 3812 (Form 10          | 40)          | . [         | 28          |           |                          |              |                                 |
|                            | 29            | Credit for amount paid with Fo   | rm 1040-C            |                        |              | . [         | 29          |           |                          |              |                                 |
|                            | 30            | Reserved for future use  |                      |                        |              | . [         | 30          |           |                          |              |                                 |
|                            | 31            | Amount from Schedule 3 (Form   |                      |                        |              |             | 31          |           |                          |              |                                 |
|                            | 32            | Add lines 28 through 31. These   | are your <b>tota</b> | al other paym          | ents and re  | efundab     | ole cre     | dits      | . 🕨                      | 32           |                                 |
|                            | 33            | Add lines 25d, 25e, 25f, 25g, 2  | 6, and 32. The       | ese are your <b>to</b> | tal payme    | nts .       |             |           | . 🕨                      | 33           | 2,094.                          |
| Refund                     | 34            | If line 33 is more than line 24, s   |                      |                        |              |             |             |           |                          | 34           | 1,616.                          |
|                            | 35a           | Amount of line 34 you want ref   |                      |                        |              |             | •           | -         |                          | 35a          | 1,616.                          |
| Direct deposit?            | ►b            | Routing number 0 4 4   |                      |                        | ► c Type     |             | Checki      |           | Savings                  |              |                                 |
| See instructions.          | ►d            | Account number 6 5 7   | 7 7 9 6              | 5 9 7                  |              |             |             | Ŭ         | Ū                        |              |                                 |
|                            | ►e            | If you want your refund check  |                      |                        | e the Unite  | d State     | s not s     | hown on   | page 1.                  |              |                                 |
|                            |               | enter it here  |                      |                        |              |             |             |           |                          |              |                                 |
|                            | 36            | Amount of line 34 you want ap  |                      | 2021 estimate          |              |             | 36          |           |                          |              |                                 |
| Amount                     | 37            | Amount you owe. Subtract lin   | e 33 from line       | 24. For details        | s on how to  | pay, se     | e instr     | uctions . | . 🕨                      | 37           |                                 |
| You Owe                    | 38            | Estimated tax penalty (see inst  | ructions) .          |                        |              |             | 38          |           |                          |              |                                 |
| Third Party<br>Designee    |               | bu want to allow another perso<br>with the IRS? See instructions               | •                    | your paid pre          | eparer) to d | liscuss<br> | this<br>▶ [ | Yes.      | Complete                 | below.       | X No                            |
| (Other than paid preparer) | Desig<br>name |  |                      | Phone<br>no. ▶         |              |             |             |           | nal identifi<br>er (PIN) | ication<br>▶ |                                 |
| Sign<br>Here               |               | penalties of perjury, I declare that I I they are true, correct, and complete. |                      |                        |              |             |             |           |                          |              |                                 |
| TIELE                      | Your          | signature  |                      | Date                   | Your occu    | upation     |             |           |                          |              | ent you an Identity             |
|                            |               |  |                      |                        | млригт       | TNC         |             | ግፐአጥፑ     |                          | inst.) 🕨     | PIN, enter it here              |
|                            | Y             |  |                      |                        |              |             |             |           |                          |              |                                 |
|                            |               | rer's name   | Preparer's sid       | Email addres           | 5            |             | Date        |           | PTIN                     |              | Check if:                       |
| Paid                       | •             | PRIYA RAM SAGAR GUPTA TALLAM   |                      | 5                      | מיי גיייםוזי | \TT \ M     |             | 3/2021    | P0208                    | 2702         | Self-employed                   |
| Preparer                   |               |  |                      | ADAGAR                 | GUPIA IF     | минц        | 03/2.       | D/ ZUZI   |                          |              |                                 |
| Use Only                   |               | aname▶ <u>GLOBAL TAXES</u><br>address▶ 2530 Pebble                             |                      | n ()                   | ~ ~ ~ ~ ~ ~  | 0/1         |             |           |                          |              | <u>78)965-9522</u><br>0-1017196 |
| 0                          | 1 1111 8      | address ► 2530 Pebble  | Creek L              |                        | y GA 30      | 1041        |             |           | 1 II II 3 E              |              | <u>0-101/196</u>                |

Go to *www.irs.gov/Form1040NR* for instructions and the latest information.

REV 03/13/21 PRO

### SCHEDULE NEC (Form 1040-NR)

# Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

20

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form1040NR for instructions and the latest information. ► Attach to Form 1040-NR.

Sequence No. 7B Your identifying number

2

Attachment

Name shown on Form 1040-NR

| HAR                | SHITHA JAYARAM   | AREDDY PUTTALAKSHMAMMA  |                                 |            |                                    |                      |                         | 313-55-56  | 542   |
|--------------------|--|---|---------------------------------|------------|------------------------------------|----------------------|-------------------------|--|---|
| Enter a            | amount of income und   | er the appropriate rate of tax. See instructions.   |                                 |            |                                    | -                    |                         |  |   |
|                    |  | Nature of Income  |                                 |            | <b>(a)</b> 10%                     | <b>(b)</b> 15%       | <b>(c)</b> 30%          | (d) Other  | (specify)   |
|                    |  |   |                                 |            |                                    | (,, )                |                         | %  | %   |
| 1                  | Dividends and divide   | •   |                                 |            |                                    |                      |                         |  |   |
| а                  | Dividends paid by U  | .S. corporations  |                                 | <b>1</b> a |                                    |                      |                         |  |   |
| b                  | Dividends paid by fo   | reign corporations  |                                 | 1b         |                                    |                      |                         |  |   |
| С                  | Dividend equivalent p  | payments received with respect to section 871(m) tr   | ansactions                      | 1c         |                                    |                      |                         |  |   |
| 2                  | Interest:  |   |                                 |            |                                    |                      |                         |  |   |
| а                  | Mortgage   |   |                                 | 2a         |                                    |                      |                         |  |   |
| b                  | Paid by foreign corp   | orations  |                                 | 2b         |                                    |                      |                         |  |   |
| с                  | Other  |   |                                 | 2c         |                                    |                      |                         |  |   |
| 3                  | Industrial royalties (p  | patents, trademarks, etc.)  |                                 | 3          |                                    |                      |                         |  |   |
| 4                  | Motion picture or TV   | copyright royalties   |                                 | 4          |                                    |                      |                         |  |   |
| 5                  | Other royalties (copy  | rights, recording, publishing, etc.)  |                                 | 5          |                                    |                      |                         |  |   |
| 6                  | Real property income and natural resources royalties   |   |                                 |            |                                    |                      |                         |  |   |
| 7                  |  |   |                                 |            |                                    |                      |                         |  |   |
| 8                  |  | fits  |                                 | 8          |                                    |                      |                         |  |   |
| 9                  | •  |   |                                 | 9          |                                    |                      |                         |  |   |
| 10                 |  |   |                                 |            |                                    |                      |                         |  |   |
| а                  | Winnings   |   |                                 |            |                                    |                      |                         |  |   |
| b                  |  |   |                                 | 10c        |                                    |                      |                         |  |   |
| 11                 | Gambling winnings-   | -Residents of countries other than Canada.  |                                 |            |                                    |                      |                         |  |   |
|                    |  |   |                                 | 11         |                                    |                      |                         |  |   |
| 12                 | Other (specify) ►  |   |                                 |            |                                    |                      |                         |  |   |
|                    |  |   |                                 | 12         |                                    |                      |                         |  |   |
| 13                 | -  | 12 in columns (a) through (d)   |                                 | 13         |                                    |                      |                         |  |   |
| 14                 |  | rate of tax at top of each column   |                                 | 14         |                                    |                      |                         |  |   |
| 15                 | Tax on income not ef   | ffectively connected with a U.S. trade or business.   |                                 |            |                                    |                      |                         | R, line 23a 🕨   15   |   |
|                    |  | Capital Gains and   | Losses F                        | From       | Sales or Excha                     | anges of Proper      | ty                      | 1  |   |
| losses f<br>exchan | nly the capital gains and<br>from property sales or<br>ges that are from sources<br>he United States and not | 16 (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below) | <b>(b)</b> Date acq<br>mm/dd/yy |            | <b>(c)</b> Date sold<br>mm/dd/yyyy | (d) Sales price      | (e) Cost or other basis | (f) LOSS<br>If (e) is more than (d),<br>subtract (d) from (e). | <b>(g) GAIN</b><br>If (d) is more than (e),<br>subtract (e) from (d). |
|                    | ely connected with a U.S.  |   |                                 |            |                                    |                      |                         |  |   |
| or loss            | on disposing of a U.S. real  |   |                                 |            |                                    |                      |                         |  |   |
| gains a            | y interest; report these<br>nd losses on Schedule D  |   |                                 |            |                                    |                      |                         |  |   |
| (Form 1            | •  |   |                                 |            |                                    |                      |                         |  |   |
|                    | property sales or<br>ges that are effectively  |   |                                 |            |                                    |                      |                         |  |   |
| connec             | edule D (Form 1040),   | 17 Add columns (f) and (g) of line 16   |                                 |            |                                    |                      | 17                      | ( )  |   |
|                    | 797, or both.  | 18 Capital gain. Combine columns (f) and (  | g) of line 17                   | 7. Ente    | er the net gain her                | re and on line 9 abo | ove. If a loss, ente    | er -0- 🕨 18  |   |
|                    |  |   |                                 |            |                                    |                      |                         |  |   |

| SCHE  | DULE OI  |  |
|-------|----------|--|
| (Form | 1040-NR) |  |

I

## Other Information

OMB No. 1545-0074

| •       | <b>1040-NR)</b><br>ent of the Treasury | ► Go                                  | to www.irs.gov/Form1040N  | VR for instructions an<br>to Form 1040-NR. | nd the latest information                     | n. 🗌            | 202<br>Attachment             | 20         |
|---------|--|---------------------------------------|---|--|---|-----------------|-------------------------------|------------|
|         | Revenue Service (99)                   |                                       | ► Ans   | swer all questions.                        |   |                 | Sequence No                   | o. 7C      |
| Name sh | nown on Form 1040                      | )-NR                                  |   |  |   | Your identifyir | ig number                     |            |
| HARS    | HITHA JAYA                             | RAMAREDDY                             | PUTTALAKSHMAMMA   |  |   | 313-55-         | 5642                          |            |
| Α       |  |                                       | vere you a citizen or nationa   |  |   |                 |                               |            |
| В       | In what country                        | y did you claim                       | residence for tax purposes  | s during the tax year                      | ? United States                               |                 |                               |            |
| С       | Have you ever                          | applied to be a                       | green card holder (lawful p   | ermanent resident) c                       | of the United States? .                       |                 | Yes                           | 🛛 No       |
| D       | Were you ever:                         |                                       |   |  |   |                 |                               |            |
| 1.      | A U.S. citizen?                        |                                       |   |  |   |                 | <b>Yes</b>                    | 🛛 No       |
| 2.      | A green card h                         | older (lawful pe                      | rmanent resident) of the Un   | ited States?                               |   |                 | Yes                           | 🛛 No       |
|         | If you answer "                        | Yes" to (1) or (2                     | ), see Pub. 519, chapter 4,   | for expatriation rules                     | s that apply to you.                          |                 |                               |            |
| Е       | If you had a visitimmigration state    | sa on the last c<br>tus on the last c | lay of the tax year, enter y<br>day of the tax yearF1   | our visa type. If you                      | did not have a visa, er                       | ter your U.S.   |                               |            |
| F       | Have you ever                          | changed your v                        | risa type (nonimmigrant sta   | tus) or U.S. immigrat                      | ion status?                                   |                 | Yes                           | 🗙 No       |
|         | If you answere                         | d "Yes," indicat                      | e the date and nature of the  | e change 🕨                                 |   |                 |                               |            |
| G       | List all dates yo                      | ou entered and                        | left the United States durin  | g 2020. See instructi                      | ons.  |                 |                               |            |
|         |  |                                       | Canada or Mexico <b>AND</b> co<br><b>Mexico</b> and skip to item F  |  |   | ent intervals,  |                               |            |
|         |  | United States<br>dd/yy                | Date departed United State<br>mm/dd/yy  | es D                                       | Date entered United State<br>mm/dd/yy         | s Date de       | parted United<br>mm/dd/yy     | d States   |
|         |  |                                       |   |  |   |                 |                               |            |
|         |  |                                       |   |  |   |                 |                               |            |
|         | -                                      |                                       |   |  |   |                 |                               |            |
|         |  |                                       |   |  |   |                 |                               |            |
| н       | 2018                                   |                                       | vacation, nonworkdays, and<br>, 2019  | , and 2                                    | 020 324                                       | · ·             |                               |            |
| I       | Did you file a U                       | .S. income tax                        | return for any prior year? .  |  |   |                 | Yes                           | 🗙 No       |
|         | If "Yes," give th                      | ne latest year ar                     | nd form number you filed <b>&gt;</b>  |  |   |                 | _                             |            |
| J       |  |                                       | st?   |  |   |                 |                               | X No       |
|         |  |                                       | J.S. or foreign owner unde<br>ribution from a U.S. person   |  |   |                 |                               | 🗌 No       |
| Κ       |  |                                       | ation of \$250,000 or more  |  |   |                 |                               | 🛛 No       |
|         |  |                                       | ative method to determine t   |  | •   |                 |                               | No         |
| L       |  |                                       | you are claiming exempting exemption for more interest of the set |  |   | tax treaty wi   | th a foreign                  | country,   |
| 1.      |  |                                       | the applicable tax treaty art<br>e columns below. Attach For  |  |   | claimed the t   | reaty benefit                 | t, and the |
|         |  | <b>(a)</b> Cou                        | ntry  | (b) Tax treaty article                     | e (c) Number of month claimed in prior tax ye |                 | mount of exe<br>in current ta | •          |
|         |  |                                       |   |  |   |                 |                               |            |
|         |  |                                       |   |  |   |                 |                               |            |
|         |  |                                       |   |  |   |                 |                               |            |
|         |  |                                       | -   |  |   |                 |                               |            |
| -       |  |                                       | n Form 1040-NR, line 1c. D  |  |   |                 |                               |            |
|         |  |                                       | preign country on any of the  |  |   |                 | ∐ Yes                         | No No      |
| 3.      |  |                                       | ts pursuant to a Competent<br>Competent Authority detern  |  |   |                 | Ves                           | 🗙 No       |

- М 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
  - 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 . . . . . . . . . . . . . . . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

REV 03/13/21 PRO Schedule OI (Form 1040-NR) 2020