Social Security & Medicare Tax Claim

Dear AKSHAY,

Enclosed please find two copies of each of your Social Security & Medicare Tax Claim, which was prepared based on the information you provided.

File one copy with the Internal Revenue Service and retain the second copy for your records.

Claim from your employer

- 1. Social Security & Medicare tax was withheld by your employer(s) in error. This tax is shown in box 4 and/or box 6 of your W2(s).
- 2. To claim this tax, you must first contact your employer(s) and request a refund directly from them.
- 3. Give your employer(s) 1 month to respond to your request for a refund. If your employer(s) does not refund this to you, then follow the steps below to submit your Social Security & Medicare tax claim to the Internal Revenue Service.

Claim from the IRS

4. You must first attempt to obtain a refund from your employer. If that is unsuccessful then submit a claim to the IRS using the forms that Sprintax has prepared for you below. We recommend you mail your FICA claim only after your Federal tax return has been processed by the IRS.

Form	Action
8316 Note: You may have more than one 8316 form, if so, you need to sign each of them.	Enter the date that you contacted your employer requesting a refund. Allow 1 month for a response. Sign on page 1
843	Sign on page 1

- 5. Include a copy of each of your W2s with tax shown in box 4 and or box 6.
- 6. Confirm that your SSN and your name on your W2(s) are correct.
- 7. If you don't have your W2(s) or if the SSN or name on the W2 is incorrect, then you'll need to obtain a corrected W2 from your employer(s).
- 8. Include a copy of your US visa.
- 9. Include a copy of form I-94 you can download the form from your account in https://i94.cbp.dhs.gov/I94/#/home
- 10. If you are on a J1 visa, you must also attach a copy of your DS-2019 form.
- 11. If you are on a F1 visa, you must also attach a copy of your I-20 form.
- 12. Sign and mail your Social Security & Medicare tax claim (Form 843 and or Form 8316) to:

Department of the Treasury, Internal Revenue Service Center, Ogden, UT 84201-0038

If you have any questions, please email us at hello@sprintax.com

Sincerely,

The Sprintax team

Social Security & Medicare Tax FREQUENTLY ASKED QUESTIONS

Am I exempt from FICA (Social Security and Medicare) tax?

The following classes of nonimmigrants and nonresident aliens are exempt from U.S. Social Security and Medicare taxes:

A-visas:

Employees of foreign governments are exempt on salaries paid to them in their official capacities as foreign government employees.

F-visas, J-visas, M-visas, Q-visas:

Nonresident alien students, scholars, professors, teachers, trainees, researchers, physicians, au pairs, summer camp workers and other aliens temporarily present in the United States in F-1, J-1, M-1, or Q-1/Q-2 nonimmigrant status are exempt on wages paid to them for services performed within the United States as long as such services are allowed by USCIS for these nonimmigrant statuses, and such services are performed to carry out the purposes for which such visas were issued to them.

How long will it take to process my US tax return?

The IRS usually takes about 8-10 weeks to process FICA tax refund applications, however exact timelines are determined by the IRS.

Is there a deadline for submitting FICA refund claim?

FICA refund claim will be processed if it is submitted not more than 3 years after the end of the tax year when the tax was paid.

What address do I send my FICA tax return to?

File form 843 (with attachments) with the Department of the Treasury, Internal Revenue Service Center, Ogden, UT 84201-0038.

Can I file my taxes electronically?

No. The 843 and 8316 claim forms, are not available in electronic format and so cannot be e-filed.

What is a W2 form?

The W2 form is a form that reports your income and taxes deducted by that employer, including the Social Security tax (box 4) and Medicare tax (box 6) that you paid. It is an official government form that you will generally receive from your employer(s) at the end of January or early February. You will need your W2 form(s) to claim your FICA tax refund.

If you have misplaced your W2 or you never received it, you will need to request a new one from your employer.

If the SSN or name on the W2 is incorrect, then you will need to obtain a valid W2 or W2-corrected from your employer(s).

What documents I have to attach to my FICA tax claim?

- A copy of each of your W-2s to show the amount of Social Security and Medicare taxes withheld.
- A copy of your US visa this should be contained within your passport.
- A copy of form I-94 you can download the form from your account in https://i94.cbp.dhs.gov/I94/#/home
- ▶ If you have an F-1 visa, a copy of form I-20.
- ▶ If you have a J-1 visa, a copy of form DS-2019.
- If you are engaged in optional practical training or employment due to severe economic necessity, then include a copy of form I-766 or form I-688B.

SOCIAL SECURITY & MEDICARE TAX CLAIM FOR AKSHAY DESHPANDE

2019

FEDERAL FILING COPY

SIGN AND MAIL TO THE INTERNAL REVENUE SERVICE

Department of the Treasury Internal Revenue Service Use Form 843 if your claim or request involves:

Form **Ö**

(Rev. August 2011)

	,	
(a)	a refund of one of the	axes (other than income taxes or an employer's claim for FICA tax, RRTA tax, or income tax
	withholding) or a fee	nown on line 3,

(b) an abatement of FUTA tax or certain excise taxes, or

(c) a refund or abatement of interest, penalties, or additions to tax for one of the reasons shown on line 5a.

Do not use Form 843 if your claim or request involves:

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- (c) an overpayment of excise taxes reported on Form(s) 11-C, 720, 730, or 2290.

	an overpayment of ex	lise taxes reported	I ON FORM(S) 11-C,	720, 730, 0f 2290.		/				
Name(s)							Your social security number			
AKSHAY DESHPANDE Address (number, street, and room or suite no.)							<u>-6186</u>	with a number of		
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	NA BEACH, FLORIDA) +!				
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n	one apply, go to line 6.	.)								
	Interest was assesse	ed as a result of IR	S errors or delays.							
	A penalty or additior			ritten advice from th	e IRS.					
	Reasonable cause					tten a	dvice) can l	be shown for not		
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b D	Date(s) of payment(s)►									
6 C	Driginal return. Indicate	e the type of fee or	return, if any, filed	to which the tax, ir	nterest, per	nalty, o	r addition to	o tax relates.		
	706	709	940	941	943		□ 94	15		
] 990-PF 🗌	1040] 1120	4720	X Other (s	pecify)	► 1040I	NR / 1040NR EZ		
7 E	xplanation. Explain w	hy you believe this	claim or request s	hould be allowed an	d show the	e comp	outation of t	he amount shown		
0	n line 2. If you need me	ore space, attach a	dditional sheets.							
I am a	a nonresident alien on	a F1 visa. Section 3	3121 (b)(19) of the	Internal Revenue C	ode and the	e reaul	ations there	under		
	that a nonresident alier									
	long as is a nonreside							ode. I state that		
for ca	llendar year 2019 I was	a full year nonresi	dent alien not liable	e for the Social Secu	irity and M	edicare	e tax.			
	-	-			-					
	e. If you are filing Form							nust sign the claim.		
	led by corporations mus									
Under pen	alties of perjury, I declare that	t I have examined this o	claim, including accomp	anying schedules and sta	atements, and	, to the	best of my kno	wledge and belief, it is		
true, correc	ct, and complete. Declaration	of preparer (other than t	taxpayer) is based on al	information of which pre	parer has any	knowled	ige.			
2							03.1	13.20		
Signature (Title, if applicable. Claims by	corporations must be sid	gned by an officer.)				Date			
Signaturo (spouse, if joint return)						Date			
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Prepar							self-employed			
Use Oi	nly					Firm's EIN ►				
	Firm's address						Phone no.			

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

	Department of the Treasury	- Internal Revenue Service	
Form 8316 Rev. January 2006	OMB No. 1545 - 1862		
	at the Social Security taxes were withh ovisions of your entry visa:	eld from directly related to your cours	e of studies as
B. If you checked "NC this form.)," the taxes were correctly withheld an	d you are not entitled to a refund. Do	not complete the rest of
. claim with the Inter	S," you must first try to get a refund of nal Revenue Service. If you did this bu e remainder of this form and attach it t	It have not been able to get a refund fi	
1. Has your employer pai	id you back for any part of the tax withheld		2. If yes, show amount
	Yes X No		\$
3. Have you authorized y	our employer to claim any part of the tax a	s a credit or refund	4. If yes, show amount
	Yes X No		\$
5. Has your employer cla	6. If yes, show amount		
	Yes X No Do	not Know	\$
If you cannot get a stater	nent from your employer concerning the ab	pove information, please tell us why in the	space below.
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	part of the tax as credit against, or a refun		8. If yes, show amount
	Yes X No		\$
9. Name and address of	employer (include street, city, State and ZI	P code)	
B&M PRECISION IN 1225 4TH ST SW, RU			
Your signature			Date
L			03.13.20
Your telephone number (include area code)	Convenient hours for us to call	
required to give us this inform to the refund and that your est be able to process your claim the form displays a valid OM	Notice. We ask for the information on this form mation so that we can process your claim for refemployer has not previously issued you a refund m. You are not required to provide the informatic 1B control number. Books or records relating to a inistration of any Internal Revenue Law. Genera	und of erroneously withheld FICA. We need to of this withholding. If you do not provide all of t on requested on a form that is subject to the Pa a form or its instructions may be retained as lon	ensure that you are entitled he information, we may not perwork Reduction Act unless g as their contents may

section 6103. The time needed to complete this form will vary depending on the individual circumstances. The estimated average time is 15 minutes. If you have comments concerning the accuracy of this estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, 1111 Constitution Ave. NW, Washington, DC 20224. Please do not send your order for Form 8316 to the Tax Products Coordinating Committee. Send your forms order to the IRS National Distribution

Center.

Form 8316 (Rev. 1-2006)

Department of the Treasury Internal Revenue Service Use Form 843 if your claim or request involves:

Form

(Rev. August 2011)

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- (c) an overpayment of excise taxes reported on Form(s) 11-C, 720, 730, or 2290.

Name(s)	overpayment of excise taxes reported		Y	our soc	cial security n	umber	
	DESHPANDE		826-37-6186				
	nber, street, and room or suite no.)			s social secu	rity number		
1511 AVIA	TION CENTER PKWY, ap. 220H						
	state, and ZIP code		E	mploye	er identificatio	on number (EIN)	
	BEACH, FLORIDA 32114						
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base	ed (see instructions). IRC section:						
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for calen	dar year 2019 i was a full year nonresi	ident alien not liable for the Social Secu	anty and Me	edicare	lax.		
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		claim, including accompanying schedules and st taxpayer) is based on all information of which pre				wledge and belief, it is	
L					03.2	13.20	
Signature (Title	, if applicable. Claims by corporations must be s	igned by an officer.)			Date		
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

	Department of the Treasury - Internet of the Tre	ernal Revenue Service				
Form 8316 Rev. January 2006	Security Tax Erronoously Withhold on Wagos Possived					
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. claim with the Inter	S," you must first try to get a refund of the shall Revenue Service. If you did this but has remainder of this form and attach it to yo	ve not been able to get a refund fro				
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5. Has your employer cla	imed any part of the tax as a credit or refund	6	6. If yes, show amount			
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	ate) I requested a refund of Social Security mbursement and was advised to apply dire					
7. Have you claimed any	part of the tax as credit against, or a refund of	your Federal income tax 8	B. If yes, show amount			
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9. Name and address of	employer (include street, city, State and ZIP cod	de)				
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Your signature			Date			
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Your telephone number (include area code) Cor	nvenient hours for us to call				
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section 6103. The time needed to complete this form will vary depending on the individual circumstances. The estimated average time is 15 minutes. If you have comments concerning the accuracy of this estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, 1111 Constitution Ave. NW, Washington, DC 20224. Please do not send your order for Form 8316 to the Tax Products Coordinating Committee. Send your forms order to the IRS National Distribution

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Form 8316 (Rev. 1-2006)

Department of the Treasury - Internal Revenue Service

SOCIAL SECURITY & MEDICARE TAX CLAIM FOR

AKSHAY DESHPANDE

2019

YOUR COPY

RETAIN FOR YOUR RECORDS

(Rev. August 2011) Department of the Treasury Internal Revenue Service

Form **Ö**

Use Form 843 if your claim or request involves:

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Name(s))						١	our so	ocial security r	number	
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	is rela										
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l am	n a nor	nresident alie	n on a F1	visa. Section	3121 (b)(19) of th	e Internal Revenue C	ode and th	e regu	lations there	under	
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for c	alend	ar year 2019	I was a fu	ull year nonres	ident alien not lial	ole for the Social Secu	urity and M	edicar	e tax.		
Signatu	u re. If y	you are filing I	Form 843	to request a re	fund or abatement	relating to a joint retur	n, both you	and y	our spouse n	nust sign the claim.	
Claims	filed by	y corporations	s must be	signed by a co	rporate officer auth	norized to sign, and the	officer's tit	le mus	st be shown.		
Under pe	enalties	of perjury, I decl	are that I ha	ave examined this	claim, including accor	npanying schedules and st	atements, and	l, to the	best of my kno	wledge and belief, it is	
true, corr	ect, and	d complete. Decl	aration of pr	reparer (other thar	taxpayer) is based on	all information of which pre	parer has any	knowle	dge.		
1									03	13.20	
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0											
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	. (-)-040	Print/Type prep	arer's name		Preparer's signature	9	Date			PTIN	
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Use C) nly	Dnly Firm's name						Firm's EIN ►			
	-	Firm's address						Phone no.			

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 843 (Rev. 8-2011)

	Department of the Treasury	- Internal Revenue Service	
Form 8316 Rev. January 2006	OMB No. 1545 - 1862		
	at the Social Security taxes were withhovisions of your entry visa:	eld from directly related to your course	e of studies as
X Yes	No		
B. If you checked "NC this form.	," the taxes were correctly withheld an	nd you are not entitled to a refund. Do r	not complete the rest of
. claim with the Inter		the Social Security taxes from your en It have not been able to get a refund fr o your claim Form 843.	
1. Has your employer pai	d you back for any part of the tax withheld	:	2. If yes, show amount
	Yes X No		
			\$
3. Have you authorized y	our employer to claim any part of the tax a	s a credit or refund	4. If yes, show amount
	Yes X No		\$
5. Has your employer cla	imed any part of the tax as a credit or refu	nd	6. If yes, show amount
	Yes X No Do	not Know	\$
If you cannot get a stater	nent from your employer concerning the at	pove information, please tell us why in the	•
		curity and Medicare taxes from my em	
	part of the tax as credit against, or a refun		3. If yes, show amount
	Yes X No		
			\$
9. Name and address of	employer (include street, city, State and ZI	P code)	
B&M PRECISION IN 1225 4TH ST SW, RU			
Your signature	55KIN, T E, 55575	1	Date
L			03.13.20
Your telephone number (include area code)	Convenient hours for us to call	
required to give us this inform to the refund and that your est be able to process your claim the form displays a valid OM	nation so that we can process your claim for rel mployer has not previously issued you a refund n. You are not required to provide the information B control number. Books or records relating to	to carry out the Internal Revenue laws of the Ur fund of erroneously withheld FICA. We need to e of this withholding. If you do not provide all of th on requested on a form that is subject to the Pap a form or its instructions may be retained as long Illy, tax returns and return information are confid	ensure that you are entitled ne information, we may not verwork Reduction Act unless g as their contents may

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Form 8316 (Rev. 1-2006)

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Form

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- (b) a refund of excise taxes based on the nontaxable use or sale of fuels, or
- (c) an overpayment of excise taxes reported on Form(s) 11-C, 720, 730, or 2290.

Name(s)	overpayment of excise taxes reported	011 0111(3) 11-0, 720, 730, 01 2230.		our so	cial security r	umber		
AKSHAY DESHPANDE Address (number, street, and room or suite no.)					826-37-6186 Spouse's social security number			
•	· · · ,			pouse	3 3 300iai 300a			
	TION CENTER PKWY, ap. 220H state, and ZIP code		F	mplov	er identificatio	on number (EIN)		
				mpioy	or laontinoutie			
	BEACH, FLORIDA 32114 Idress shown on return if different from abo	ve)avtime	e telephone ni	umber		
1 Peri	od. Prepare a separate Form 843 for e	ach tax period or fee year	2) An	nount to be r	efunded or abated:		
Fron		to 12/31/2019			3046			
з Тур	e of tax or fee. Indicate the type of ta	x or fee to be refunded or abated or to	o which the	inter	est, penalty,	or addition to tax		
	lated.							
XE	Employment 🗌 Estate	Gift Excise	[🗌 Ine	come	E Fee		
	e of penalty. If the claim or request in	nvolves a penalty, enter the Internal F	Revenue Co	de se	ection on wh	nich the penalty is		
base	ed (see instructions). IRC section:							
5a Inte	rest, penalties, and additions to tax.	Check the box that indicates your rea	son for the	reque	est for refund	d or abatement. (If		
none	e apply, go to line 6.)							
	nterest was assessed as a result of IRS	S errors or delays.						
\Box A	A penalty or addition to tax was the res	ult of erroneous written advice from th	e IRS.					
	Reasonable cause or other reason all	lowed under the law (other than erro	neous writ	tten a	dvice) can I	be shown for not		
8	assessing a penalty or addition to tax.							
b Date	e(s) of payment(s) ►							
6 Orig	inal return. Indicate the type of fee or	return, if any, filed to which the tax, in	nterest, pen	alty, c	or addition to	o tax relates.		
	706 🗌 709 🗌	940 941	943		94	15		
	990-PF 🗌 1040 🗌		X Other (s	· ·	-	NR / 1040NR EZ		
	anation. Explain why you believe this ne 2. If you need more space, attach a		id show the	e com	putation of t	he amount shown		
			odo opd the	- roqu	lationa thara	undor		
	onresident alien on a F1 visa. Section 3 t a nonresident alien on a F1 visa is no					under		
	ng as is a nonresident alien under the r					ode. I state that		
	dar year 2019 I was a full year nonresi							
Signature.	f you are filing Form 843 to request a ref	und or abatement relating to a joint retur	n, both you	and y	our spouse n	nust sign the claim.		
Claims filed	by corporations must be signed by a cor	porate officer authorized to sign, and the	officer's titl	le mus	st be shown.			
	s of perjury, I declare that I have examined this c					wledge and belief, it is		
true, correct, a	nd complete. Declaration of preparer (other than t	axpayer) is based on all information of which pre	parer has any	knowle	dge.			
2					03.	13.20		
Signature (Title	, if applicable. Claims by corporations must be sig	gned by an officer.)			Date			
Signature (spouse, if joint return) Date								
	Print/Type preparer's name	Preparer's signature	Date			PTIN		
Paid					Check if self-employed			
Preparer	Firm's name	1		Firm's	EIN ►	<u> </u>		
Use Only Firm's name Firm's EIN Firm's EIN Phone no.								

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 843 (Rev. 8-2011)

	Department of the Treasury - Internal Revenue Service			
Form 8316 Rev. January 2006	Security Tax Erronoously Withhold on Wagos Possiyos			
	at the Social Security taxes were withheld from directly related to your co ovisions of your entry visa:	urse of studies as		
X Yes	No			
B. If you checked "NO this form.	," the taxes were correctly withheld and you are not entitled to a refund.	Do not complete the rest of		
. claim with the Inter	S," you must first try to get a refund of the Social Security taxes from you nal Revenue Service. If you did this but have not been able to get a refur e remainder of this form and attach it to your claim Form 843.			
1. Has your employer pai	d you back for any part of the tax withheld	2. If yes, show amount		
	Yes X No	\$		
3. Have you authorized y	our employer to claim any part of the tax as a credit or refund	4. If yes, show amount		
	Yes X No	¢		
5 Has your employer cla	imed any part of the tax as a credit or refund	\$ 6. If yes, show amount		
5. Has your employer cla		0. If yes, show amount		
	Yes X No Do not Know	\$		
If you cannot get a staten	nent from your employer concerning the above information, please tell us why in	the space below.		
	ate) I requested a refund of Social Security and Medicare taxes from my mbursement and was advised to apply directly with the Internal Revenue			
	part of the tax as credit against, or a refund of your Federal income tax	8. If yes, show amount		
	Yes X No	\$		
9. Name and address of	employer (include street, city, State and ZIP code)	Ψ		
TECHFIT DIGITAL S	URGERY INC			
Your signature	AD, SUITE 913, CORAL GABLES, FL, 33134	Date		
1		03.13.20		
Your telephone number (include area code) Convenient hours for us to call			
required to give us this inform to the refund and that your en- be able to process your claim the form displays a valid OM become material in the admit	Notice. We ask for the information on this form to carry out the Internal Revenue laws of the mation so that we can process your claim for refund of erroneously withheld FICA. We need imployer has not previously issued you a refund of this withholding. If you do not provide all m. You are not required to provide the information requested on a form that is subject to the IB control number. Books or records relating to a form or its instructions may be retained as inistration of any Internal Revenue Law. Generally, tax returns and return information are cled to complete this form will vary depending on the individual circumstances. The estimate	d to ensure that you are entitled I of the information, we may not Paperwork Reduction Act unless I ong as their contents may onfidential, as required by Code		

you have comments concerning the accuracy of this estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, 1111 Constitution Ave. NW, Washington, DC 20224. Please do not send your order for Form 8316 to the Tax Products Coordinating Committee. Send your forms order to the IRS National Distribution Center.

Form 8316 (Rev. 1-2006)