Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| | 1.01.01.00 | | _ | | |
|---|--|--|--|---|--|
| Submis | ssion Identification Number (SID) | | | | |
| Taxpayer | r's name | Social securi | ty numl | per | |
| SAI | KUMAR VURUKONDA | 350-81 | -168 | 0 | |
| Spouse's | s name | Spouse's soo | ial sec | urity numbe | r |
| Part | Tax Return Information — Tax Year Ending December 31, 2021 (Enter | vear vou a | re au | thorizina |) |
| | whole dollars only on lines 1 through 5. | your your | | unonzing | •/ |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | |
| | Adjusted gross income | | 1 | 33 | 3,902. |
| | Total tax | | 2 | | 2,330. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 4 | ,642. |
| 4 | Amount you want refunded to you | | 4 | | 2,312. |
| 5 | Amount you owe | | 5 | | |
| Part I | Taxpayer Declaration and Signature Authorization (Be sure you get and k | eep a cop | y of y | our retu | ırn) |
| return (of to send for any of Agent to payment authorize payment business taxes to personal | wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account individed from the financial institution account individed in the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I an interpretation of the payment withdrawal Career. | tter, or electriction of the t S. Treasury a cated in the t in to debit the the authorizalests must be processing of ayment. I fur | onic reransmismod its of ax prepartion. The receiff the elanger according to the receiff the receiff the according to the according to the receiff the according to the according to the receiff the according to th | turn origina ssion, (b) the designated paration so to this acco To revoke ved no lat ectronic pa sknowledge | ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the |
| | nic Funds Withdrawal Consent. yer's PIN: check one box only | | | | |
| X | • | my PIN 1 | 1 (| 5 8 0 | as my |
| \sim | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | ř En | | digits, but er all zeros | asiny |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | |
| Your si | ignature ▶ Date ▶ | | | | |
| Snous | e's PIN: check one box only | | | | |
| | I authorize to enter or generate | my PIN | | | as my |
| Ш | ERO firm name | - | ter five | digits, but | aomy |
| | signature on the income tax return (original or amended) I am now authorizing. | do | n't ente | r all zeros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | |
| Spouse | e's signature ▶ Date ▶ | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | |
| Part I | Certification and Authentication — Practitioner PIN Method Only | | | | |
| ERO's | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 | 7 2 7 Don't ent | 8 6 er all ze | 1 9 8 | 9 |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual income tated to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir | x return (orig itting this ret | inal or urn in a | amended) accordance | |
| ERO's | signature ▶ Date ▶ | | | | |
| | ERO Must Retain This Form — See Instructions | | | | |
| | Don't Submit This Form to the IRS Unless Requested To D | o So | | | |

E 1040-NR Department of the Treasury-Internal Revenue Service (99) U.S. Nonresident Alien Income Tax Return 2021 OMB No. 1545-0074 RS Use Only-Do not write or staple in this space.

| | 0.0. 11011103140111 | Alleli illoome 1 | ix itotuiii | _ | OIVID IVO. | 10-10 00 | 77 - 01 | stapic in this space. |
|------------------------------|---|------------------------------------|----------------------|-----------------|----------------|-----------------|----------|--|
| Filing Status | _ | separately (MFS) | Qualifying v | widow(er) (QV | V) | | | |
| Check only one box. | If you checked the QW box, enter the qualifying person is a child but not y | | | | | | | |
| | and middle initial | Last name | | | | You | ır ident | tifying number |
| | | | | | | | instruc | |
| SAI KUMAR | | VURUKONDA | | | | 3 | 50-81 | L-1680 |
| Home address (r | number and street or rural route). If yo | u have a P.O. box, see i | nstructions. | | Apt. no. | Che | eck if: | X Individual |
| 8045 N MAG | C AURTHUR BLVD | | | | 3194 | | | Estate or Trust |
| City, town, or pos | t office. If you have a foreign address, a | lso complete spaces belo | w. State | ZIP cod | de | | | |
| IRVING | | | TX | 7506 | 3 | | | |
| Foreign country | name | Foreign province/state | county/ | Foreigr | n postal cod | de | | |
| | | | | | | | | |
| At any time durir | ng 2021, did you receive, sell, exchang | ge, or otherwise dispose | of any financial | interest in an | y virtual cu | rrency? | | ☐ Yes 🔀 No |
| | | | | | | | | |
| | | | | | | | | |
| Dependents | | | | | | (4) ✓ if | qualifie | es for (see inst.): |
| see instructions): | (4) 5: | ', ' | endent's | (3) Depende | 1.0 | hild tax | | Credit for other |
| - | (1) First name Last n | ame identifyir | ng number | relationship to | you | | | dependents |
| f more than four | | | | | | | | |
| dependents, see | | | | | | | | |
| nstructions and check here ► | | | | | | | | |
| Income | 1a Wages, salaries, tips, etc. Attac | h Form(s) W-2 | | | | | 1a | 36,402. |
| Effectively | b Scholarship and fellowship gran | ` ' | | | | s · | 1b | 3071021 |
| Connected | c Total income exempt by a trea | ` , | | 1 1 | in loci docion | Ŭ . | | |
| With U.S. | L, line 1(e) | | | . 1c | | | | |
| Trade or | 2a Tax-exempt interest | 2a | b Taxabl | e interest . | | | 2b | |
| Business | 3a Qualified dividends | 3a | b Ordina | ry dividends | | | 3b | |
| | 4a IRA distributions | 4a | b Taxabl | e amount . | | . [| 4b | |
| | 5a Pensions and annuities | 5a | b Taxabl | e amount . | | . [| 5b | |
| | 6 Reserved for future use | | | | | | 6 | |
| | 7 Capital gain or (loss). Attach Sc | hedule D (Form 1040) if r | required. If not re | equired, chec | k here . 🕨 | | 7 | |
| | 8 Other income from Schedule 1 | (Form 1040), line 10 | | | | | 8 | |
| | 9 Add lines 1a, 1b, 2b, 3b, 4b, 5b | , 7, and 8. This is your to | otal effectively o | connected in | come | • | 9 | 36,402. |
| 1 | Adjustments to income: | | | | | | | |
| | a From Schedule 1 (Form 1040), I | | | . 10a | 2,5 | 500. | | |
| | b Reserved for future use | | | . 10b | | | | |
| | c Scholarship and fellowship gran | | | . 10c | | | 40.1 | 2 500 |
| | d Add lines 10a and 10c. These a | • | | | | | 10d | 2,500. |
| | Subtract line 10d from line 9. The | | | .: | | | 11 | 33,902. |
| 1 | 2a Itemized deductions (from Sorresidents of India, standard deductions) | uction. See instructions | Std Dedn US/India Tr | eaty 12a | | 550. | | |
| | b Charitable contributions for cert | ain residents of India. Se | e instructions | . 12b | | 300. | | 40 |
| | c Add lines 12a and 12b | | | | | | 12c | 12,850. |
| 1 | 3a Qualified business income dedu | | | | | | | |
| | b Exemptions for estates and trus | | | . 13b | | | 10: | |
| _ | 4 4111 40 140 | | | | | • | 13c | 10.050 |
| 1 | 4 Add lines 12c and 13c | | | | | . [| 14 | 12,850. |

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- .

21,052.

15

| Form 1040-NR (2 | 2021) | | | | | | | | | Page 2 |
|-------------------------|--|---|-----------------------|------------------------|---------------------------------------|-----------------------|---------------------------|----------|--------------|---------|
| | 16 | Tax (see instructions). Check if | any from Form | (s): 1 88 | 14 2 4972 | 2 3 🗌 | | 16 | 2 | ,330. |
| | 17 | Amount from Schedule 2 (Form | n 1040), line 3 | | | | | 17 | | 0. |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 2 | ,330. |
| | 19 | Nonrefundable child tax credit | or credit for c | ther depender | its from Schedule | 8812 (Form 104 | 0) | 19 | | |
| | 20 | Amount from Schedule 3 (Form | m 1040), line 8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18. It | f zero or less, | enter -0 | | | | 22 | 2 | ,330. |
| | 23a | Tax on income not effectively from Schedule NEC (Form 104 | , | | | 23a | | | | |
| | b | Other taxes, including self-em line 21 | | | · · · · · · · · · · · · · · · · · · · | 23b | | | | |
| | С | Transportation tax (see instruc | tions) | | | 23c | | | | |
| | d | Add lines 23a through 23c . | | | | | | 23d | | |
| | 24 | Add lines 22 and 23d. This is y | our total tax | | | | . ▶ | 24 | 2 | ,330. |
| | 25 | Federal income tax withheld fr | om: | | | | | | | |
| | а | Form(s) W-2 | | | | 25 a 4 | ,642. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions) | | | | 25c | | | | |
| | d | Add lines 25a through 25c . | | | | | | 25d | 4 | ,642. |
| | е | Form(s) 8805 | | | | | | 25e | | |
| | f | Form(s) 8288-A | | | | | | 25f | | |
| | g | Form(s) 1042-S | | | | | | 25g | | |
| | 26 | 2021 estimated tax payments | and amount a | pplied from 20 | 20 return | <u></u> | | 26 | | |
| | 27 | Reserved for future use | | | | 27 | | | | |
| | 28 | Refundable child tax credit o 8812 (Form 1040) | | hild tax credit | | 28 | | | | |
| | 29 | Credit for amount paid with Fo | rm 1040-C | | | 29 | | | | |
| | 30 | Reserved for future use | | | | 30 | | | | |
| | 31 | Amount from Schedule 3 (Form | n 1040), line 1 | 5 | | 31 | | | | |
| | 32 | Add lines 28, 29, and 31. Thes | e are your tot | al other paym | ents and refunda | ble credits | . ▶ | 32 | | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 2 | 26, and 32. The | ese are your to | tal payments . | | . ▶ | 33 | 4 | ,642. |
| Refund | 34 | If line 33 is more than line 24, | subtract line 2 | 4 from line 33. | This is the amoun | t you overpaid | | 34 | 2 | ,312. |
| | 35a | Amount of line 34 you want re | | | is attached, check | k here | ▶ □ | 35a | 2 | ,312. |
| Direct deposit? | ▶b | Routing number 0 2 1 | 2 0 0 3 | 3 9 | ▶ c Type: | Checking X | Savings | | | |
| See instructions. | ▶ d | Account number 3 8 1 | 0 5 7 6 | 5 7 6 5 | 9 1 | | | | | |
| | ▶ e | If you want your refund check enter it here. | | | | s not shown on | page 1, | | | |
| | 36 | Amount of line 34 you want ap | plied to your | 2022 estimate | ed tax . ▶ | 36 | | | | |
| Amount | 37 | Amount you owe. Subtract lin | ne 33 from line | 24. For details | on how to pay, se | ee instructions | . ▶ | 37 | | |
| You Owe | 38 | Estimated tax penalty (see inst | tructions) . | | 🕨 | 38 | | | | |
| Third Party Designee | • | ou want to allow another lastructions | • | | | | Complete b | pelow. | ⊠ No | |
| _ | Desigi name | | | Phone no. ▶ | | | nal identific er (PIN) | ation | | |
| Sign Here | | penalties of perjury, I declare that I they are true, correct, and complete | | | | | | | | |
| пеге | Your signature | | | Date Your occupation | | | | | nt you an lo | |
| | COPPE | | | | | | | | IN, enter it | here |
| - | <u>/</u> | | | | SOFTWARE E | NGTNEEK | (see II | nst.) ▶ | | |
| | Phone | e no. rer's name | Droporos's -: | Email addres | S | Data | PTIN | | Oha-l- 'f | |
| Paid | | | Preparer's si | • | CIIDMA MATTA | Date | | | Check if: | mploved |
| Preparer | | RIYA RAM SAGAR GUPTA TALLAM | | A KAM SAGAR | GUPTA TALLAM | 04/05/2022 | P02082 | | Self-er | |
| Use Only | | name ► GLOBAL TAXES | | | | | | | 8)965- | |
| - | Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30 | | | | | | | 1-TOT./J | ∟ 96 | |

Form 1040-NR (2021)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SAI KUMAR VURUKONDA

Your social security number
350-81-1680

| Par | Additional income | | | |
|------------|---|--------------|------|---|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | S | 1 | |
| 2 a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions) | • | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, truschedule E | | | |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling income | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Taxable Health Savings Account distribution | 8e | | |
| f | Alaska Permanent Fund dividends | 8f | | |
| g | Jury duty pay | 8g | | |
| h | Prizes and awards | 8h | | |
| i | Activity not engaged in for profit income | 8i | | |
| j | Stock options | 8j | | |
| k | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such | | | |
| | property | 8k | | |
| I | Olympic and Paralympic medals and USOC prize money (see instructions) | 81 | | |
| m | Section 951(a) inclusion (see instructions) | 8m | | |
| n | Section 951A(a) inclusion (see instructions) | 8n | | |
| 0 | Section 461(I) excess business loss adjustment | 80 | | |
| р | Taxable distributions from an ABLE account (see instructions) . | 8p | | |
| Z | Other income. List type and amount ▶ | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 10 | 040, 1040-SR | , or | |
| | 10/10-NR line 8 | | 10 | 1 |

Schedule 1 (Form 1040) 2021 Page **2**

| Par | t II Adjustments to Income | | | |
|-----|--|-------------|-----|--------|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106 | • | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | 13 | | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form | 3903 | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | > | | |
| С | Date of original divorce or separation agreement (see instructions) | · | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | 2,500. |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit | 24b | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| Z | Other adjustments. List type and amount ▶ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line | | 26 | 2,500. |

SCHEDULE NEC (Form 1040-NR)

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

OMB No. 1545-0074

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

Name shown on Form 1040-NR Your identifying number SAI KUMAR VURUKONDA 350-81-1680

| LITTOI | iniodnit of income and | er the appropriate rate of tax. See instructions. | | | | | | (d) Other | (specify) |
|---|---|---|------------------------|----------------|-----------------------------|---------------------|-------------------------|--|--|
| Nature of Income | | | | (a) 10% | (b) 15% | (c) 30% | % | % | |
| 1 | Dividends and divide | nd equivalents: | | | | | | ,,, | 70 |
| а | Dividends paid by U. | · | | 1a | | | | | |
| b | | reign corporations | | 1b | | | | | |
| C | | ayments received with respect to section 871(m) transa | - 1 | 1c | | | | | |
| 2 | Interest: | | İ | | | | | | |
| а | Mortgage | | | 2a | | | | | |
| b | | orations | | 2b | | | | | |
| С | | | ī | 2c | | | | | |
| 3 | Industrial royalties (p | atents, trademarks, etc.) | [| 3 | | | | | |
| 4 | Motion picture or TV | copyright royalties | [| 4 | | | | | |
| 5 | Other royalties (copy | rights, recording, publishing, etc.) | [| 5 | | | | | |
| 6 | Real property income | e and natural resources royalties | [| 6 | | | | | |
| 7 | Pensions and annuiti | es | [| 7 | | | | | |
| 8 | Social security benef | its | [| 8 | | | | | |
| 9 | | e 18 below | [| 9 | | | | | |
| 10 | Gambling—Resident If zero or less, enter | s of Canada only. Enter net income in column (c). r -0 | | | | | | | |
| а | Winnings | | | | | | | | |
| b | Losses | | | 10c | | | | | |
| 11 | Note: Losses not allo | Residents of countries other than Canada. | | 11 | | | | | |
| 12 | Other (specify) ▶ | | | | | | | | |
| | | | | 12 | | | | | |
| 13 | _ | 12 in columns (a) through (d) | + | 13 | | | | | |
| 14 | | ate of tax at top of each column | | 14 | | | | | |
| 15 | Tax on income not ef | fectively connected with a U.S. trade or business. Add | | | | | | R, line 23a ► 15 | |
| | | Capital Gains and Lo | sses F | rom | Sales or Excha | inges of Proper | ty | | |
| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain | | | Date acqu nm/dd/yyy | | (c) Date sold mm/dd/yyyy | (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). |
| | | | | | | | | | |
| or loss | on disposing of a U.S. real | | | | | | | | |
| property interest; report these gains and losses on Schedule D | | | | | | | | | |
| (Form 1 | • | | | | | | | | |
| exchan | property sales or ges that are effectively | | | | | | | | |
| | ted with a U.S. business edule D (Form 1040), | | | | | | | () | |
| Form 4797, or both. | | 18 Capital gain. Combine columns (f) and (g) of | f line 17. | . Ente | er the net gain here | e and on line 9 abo | ove. If a loss, ente | r-0 ▶ 18 | |

SCHEDULE OI (Form 1040-NR)

Other Information

► Go to www.irs.gov/Form1040NR for instructions and the latest information. ► Attach to Form 1040-NR.

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Sequence No. 7C ► Answer all questions. Name shown on Form 1040-NR Your identifying number SAI KUMAR VURUKONDA 350-81-1680 Α Of what country or countries were you a citizen or national during the tax year? INDIA In what country did you claim residence for tax purposes during the tax year? United States В C Have you ever applied to be a green card holder (lawful permanent resident) of the United States? X No Were you ever: X No Yes 1. A U.S. citizen? X No Yes If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. 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. Ε immigration status on the last day of the tax year. F1 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes If you answered "Yes," indicate the date and nature of the change ▶ G List all dates you entered and left the United States during 2021. See instructions. Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Date entered United States Date entered United States Date departed United States Date departed United States mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2019 ______, 2020 ______, and 2021 ______365 ___. Yes X No Т If "Yes," give the latest year and form number you filed ▶ X No Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a Yes No Κ Yes X No No If "Yes," did you use an alternative method to determine the source of this compensation? 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. (d) Amount of exempt (a) Country (b) Tax treaty article (c) Number of months claimed in prior tax years income in current tax vear (e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b No 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes X 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

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