



Submitting Your 2021 U.S. Tax documents

- ✓ **You must PRINT, SIGN, and MAIL your Form 1040-NR and all required attachments.** GTP WILL NOT submit your tax documents for you.
- ✓ **Please handwrite your SIGNATURE and date your tax return – DO NOT PRINT YOUR NAME.** *Your tax return is not considered valid until it contains a signature, not a printed name!*
- ✓ **MAIL your signed and dated tax documents to the following address -no street address is needed.**

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

- ✓ **Don't forget anything!** *Attach your documents in the following order:*

First - Copy B of each **Form W-2**, attach to the front of Form 1040-NR

Then - **Form 1040-NR**

Then - **Schedule A – Itemized Deductions**

Then - **Schedule OI – Other Information**

Then - **Form 8843**

Note: If you received a Form 1095-B, 1095-C or 1098-T, **do not** attach it to your Form Form 1040-NR.

- ✓ **Based on your situation, you MUST submit your signed and dated tax documents on or before April 18, 2022.**
- ✓ **MAKE and KEEP A COPY OF YOUR SIGNED AND DATED Form 1040-NR AND DOCUMENTS!** You must keep the copy of your signed tax return and documents for three calendar years after the year in which you file. Keep the copy of your tax documents even after you leave the U.S., you may be asked to show proof that you complied with U.S. tax laws when applying for future entry to the U.S.
- ✓ **You may also be required to file a STATE tax return for each state in which you lived or worked during 2021.** **GTP does not complete state tax forms; please review the tax information on the websites of the states in which you lived and/or worked during 2021 for more information.**

THANK YOU for using GTP!

Please tell us what you think about GTP. Send your comments to help@glaciertax.com

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Filing Status

Single Married filing separately (MFS) Qualifying widow(er) (QW)

Check only one box.

If you checked the QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial divya		Last name badugu	Your identifying number (see instructions) 653 27 9151	
Home address (number and street or rural route). If you have a P.O. box, see instructions. Oaks of Denton, Apt#805 Bernard Street			Apt. no.	Check if: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Estate or Trust
City, town, or post office. If you have a foreign address, also complete spaces below. Denton		State TX	ZIP code 76201	
Foreign country name		Foreign province/state/county	Foreign postal code	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Dependents
(see instructions):

If more than four dependents, see instructions and check here

(1) First name	Last name	(2) Dependent's identifying number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.): Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income Effectively Connected With U.S. Trade or Business

1a	Wages, salaries, tips, etc. Attach Form(s) W-2		1a	1641.35
b	Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement. See instructions		1b	0.00
c	Total income exempt by a treaty from Schedule OI (Form 1040-NR), Item L, line 1(e)	1c 0.00		
2a	Tax-exempt interest	2a	2b	
3a	Qualified dividends	3a	3b	
4a	IRA distributions	4a	4b	
5a	Pensions and annuities	5a 0.00	5b	0.00
6	Reserved for future use		6	
7	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here <input type="checkbox"/>		7	
8	Other income from Schedule 1 (Form 1040), line 10		8	0.00
9	Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income ▶		9	1641.35
10	Adjustments to income:			
a	From Schedule 1 (Form 1040), line 26	10a 0.00		
b	Reserved for future use	10b		
c	Scholarship and fellowship grants excluded	10c 0.00		
d	Add lines 10a and 10c. These are your total adjustments to income ▶		10d	0.00
11	Subtract line 10d from line 9. This is your adjusted gross income ▶		11	1641.35
12a	Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction. See instructions	12a 12550.00		
b	Charitable contributions for certain residents of India. See instructions	12b 0.00		
c	Add lines 12a and 12b		12c	12550.00
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a		
b	Exemptions for estates and trusts only. See instructions	13b		
c	Add lines 13a and 13b		13c	
14	Add lines 12c and 13c		14	12550.00
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	0.00

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.00
17	Amount from Schedule 2 (Form 1040), line 3	17	
18	Add lines 16 and 17	18	0.00
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812 (Form 1040)	19	
20	Amount from Schedule 3 (Form 1040), line 8	20	0.00
21	Add lines 19 and 20	21	0.00
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.00
23a	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15	23a	0.00
b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21	23b	
c	Transportation tax (see instructions)	23c	
d	Add lines 23a through 23c	23d	0.00
24	Add lines 22 and 23d. This is your total tax	24	0.00
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	0.00
b	Form(s) 1099	25b	0.00
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	0.00
e	Form(s) 8805	25e	
f	Form(s) 8288-A	25f	
g	Form(s) 1042-S	25g	0.00
26	2021 estimated tax payments and amount applied from 2020 return	26	0.00
27	Reserved for future use	27	
28	Refundable child tax credit or additional child tax credit from Schedule 8812 (Form 1040)	28	
29	Credit for amount paid with Form 1040-C	29	
30	Reserved for future use	30	
31	Amount from Schedule 3 (Form 1040), line 15	31	0.00
32	Add lines 28, 29, and 31. These are your total other payments and refundable credits	32	0.00
33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments	33	0.00

Refund **34** If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** **34**

35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here **35a**

Direct deposit? **b** Routing number _____ **c** Type: Checking Savings

See instructions. **d** Account number _____

e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. _____

36 Amount of line 34 you want **applied to your 2022 estimated tax** **36**

Amount You Owe 37	Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37	0.00
38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

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

Your signature _____ Date _____ Your occupation **Student** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
Firm's address				Firm's EIN

**SCHEDULE A
(Form 1040-NR)**

Itemized Deductions

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.

2021
Attachment
Sequence No. **7A**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see instructions for line 7.

Name shown on Form 1040-NR

divya badugu

Your identifying number

653279151

Taxes You Paid	1a	State and local income taxes	1a	12550.00	1b	12550.00
	b	Enter the smaller of line 1a or \$10,000 (\$5,000 if you checked Married filing separately under <i>Filing Status</i> on page 1 of Form 1040-NR)				
Gifts to U.S. Charities	2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2		5	0.00
	3	Other than by cash or check. If you made any gift of \$250 or more, see instructions. Individuals must attach Form 8283 if line 3 is over \$500	3			
	4	Carryover from prior year	4			
	5	Add lines 2 through 4				
	6	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	6			
Other Itemized Deductions	7	Other—from list in instructions. List type and amount ▶ _____ _____ _____ _____ _____ _____	7			
Total Itemized Deductions	8	Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040-NR, line 12a	8			12550.00

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

Cat. No. 72749E

Schedule A (Form 1040-NR) 2021

**SCHEDULE OI
(Form 1040-NR)**

Department of the Treasury
Internal Revenue Service (99)

Other Information

▶ Go to www.irs.gov/Form1040NR for instructions and the latest information.
▶ Attach to Form 1040-NR.
▶ Answer all questions.

OMB No. 1545-0074

2021
Attachment
Sequence No. **7C**

Name shown on Form 1040-NR

divya badugu

Your identifying number

653279151

- A** Of what country or countries were you a citizen or national during the tax year? India
- B** In what country did you claim residence for tax purposes during the tax year? India
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No
- D** Were you ever:
1. A U.S. citizen? Yes No
2. A green card holder (lawful permanent resident) of the United States? Yes No
- If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1 Student
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No
- If you answered "Yes," indicate the date and nature of the change ▶

- G** List all dates you entered and left the United States during 2021. See instructions.
- Note:** If you are a resident of Canada or Mexico **AND** commute to work in the United States at frequent intervals, check the box for **Canada or Mexico** and skip to item H. Canada Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy
08 / 16 / 2021	/ / /
/ / /	/ / /
/ / /	/ / /
/ / /	/ / /

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy
/ / /	/ / /
/ / /	/ / /
/ / /	/ / /
/ / /	/ / /

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2019 0, 2020 0, and 2021 138.
- I** Did you file a U.S. income tax return for any prior year? Yes No
- If "Yes," give the latest year and form number you filed ▶
- J** Are you filing a return for a trust? Yes No
- If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No
- K** Did you receive total compensation of \$250,000 or more during the tax year? Yes No
- If "Yes," did you use an alternative method to determine the source of this compensation? Yes No

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

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

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year

(e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b ▶ 0.00

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No
- If "Yes," attach a copy of the Competent Authority determination letter to your return.

- M** Check the applicable box if:
1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions
2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

Statement for Exempt Individuals and Individuals With a Medical Condition
For use by alien individuals only.

2021

Attachment Sequence No. **102**

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form8843 for the latest information.

For the year January 1—December 31, 2021, or other tax year
beginning , 2021, and ending , 20

Your first name and initial divya Last name badugu Your U.S. taxpayer identification number, if any 653279151

Fill in your addresses only if you are filing this form by itself and not with your tax return
Address in country of residence Address in the United States

Part I General Information

- 1a Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ▶ F1 08/16/2021
- b Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions.
F1 Student
- 2 Of what country or countries were you a citizen during the tax year? India
- 3a What country or countries issued you a passport? India
- b Enter your passport number(s) ▶ M4476897
- 4a Enter the actual number of days you were present in the United States during:
2021 138 2020 0 2019 0
- b Enter the number of days in 2021 you claim you can exclude for purposes of the substantial presence test ▶ 138

Part II Teachers and Trainees

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2021 ▶ _____
- 6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2021 ▶ _____
- 7 Enter the type of U.S. visa (J or Q) you held during: ▶ 2015 _____ 2016 _____
2017 _____ 2018 _____ 2019 _____ 2020 _____. If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired.
- 8 Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior calendar years (2015 through 2020)? Yes No
If you checked the "Yes" box on line 8, you cannot exclude days of presence as a teacher or trainee unless you meet the *Exception* explained in the instructions.

Part III Students

- 9 Enter the name, address, and telephone number of the academic institution you attended during 2021 ▶ _____
The University of North Texas 1511 W. Mulberry St. Denton , TX 76203
940-565-2195
- 10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2021 ▶ _____
Lauren Jacobsen-Bridges
The University of North Texas 1511 W. Mulberry St. Denton , TX 76203
940-565-2195
- 11 Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2015 _____ 2016 _____
2017 _____ 2018 _____ 2019 _____ 2020 _____. If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired.
- 12 Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar years? Yes No
If you checked the "Yes" box on line 12, you must provide sufficient facts on an attached statement to establish that you do not intend to reside permanently in the United States.
- 13 During 2021, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status in the United States or have an application pending to change your status to that of a lawful permanent resident of the United States? Yes No
- 14 If you checked the "Yes" box on line 13, explain ▶ _____

Part IV Professional Athletes

15 Enter the name of the charitable sports event(s) in the United States in which you competed during 2021 and the dates of competition ▶

16 Enter the name(s) and employer identification number(s) of the charitable organization(s) that benefited from the sports event(s) ▶

Note: You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable organization(s) listed on line 16.

Part V Individuals With a Medical Condition or Medical Problem

17a Describe the medical condition or medical problem that prevented you from leaving the United States. See instructions. ▶

b Enter the date you intended to leave the United States prior to the onset of the medical condition or medical problem described on line 17a ▶

c Enter the date you actually left the United States ▶

18 Physician's Statement:

I certify that _____
Name of taxpayer

was unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem described on line 17a and there was no indication that his or her condition or problem was preexisting.

Name of physician or other medical official

Physician's or other medical official's address and telephone number

Physician's or other medical official's signature

Date

Sign here only if you are filing this form by itself and not with your tax return

Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my knowledge and belief, they are true, correct, and complete.

▶ _____
Your signature

▶ _____
Date