

**UNIVERSITY OF HOUSTON DOWNTOWN VIRTUAL V
320 N. MAIN STREET ROOM B226--SHEA BUILDING
HOUSTON TX 77002
Office: (713) 222-5328**

**SAI TEJA GORIPARTHI
2111 HOLLY HALL STREET APT 209
HOUSTON, TX 77054-3955
2020 INCOME TAX RETURN**

UNIVERSITY OF HOUSTON DOWNTOWN VIRTUAL V
 320 N. MAIN STREET ROOM B226--SHEA BUILDING
 HOUSTON TX 77002
 (713) 222-5328

SAI TEJA GORIPARTHI
 2111 HOLLY HALL STREET APT 209
 HOUSTON TX 77054-3955
 (346) 493-4953

Preparer No.: 995
 Client No. : XXX-XX-1601
 Invoice Date: 05/13/2021

INVOICE

Description	Amount
PREPARATION OF 2020 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 NR (NONRESIDENT ALIEN) FORM W-2 (WAGES AND TAX) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) FORM 8843 (EXEMPT INDIVIDUALS & MEDICAL CONDITION)	
	Total Invoice
	Amount Paid
	Balance Due

TAX YEAR: 2020
OFFICE : 7Q0039025725

PROCESS DATE: 05/13/2021

CLIENT : 689-84-1601 SAI TEJA GORIPARTHI

BIRTH DATE : 09/28/1995 Age:25

ADDRESS : 2111 HOLLY HALL STREET APT 209
: HOUSTON TX 77054-3955

PREPARER : 995

Home : (346) 493-4953

Work : -

Cell : -

STATUS : SINGLE NONRESIDENT ALIEN

FED TYPE: Direct Deposit

ST TYPE : Regular Tax

EFFECTIVE RATE: 0.00%

E-MAIL : saiteja.g091995@gmail.com

LISTING OF FORMS FOR THIS RETURN

FORM 1040-NR

FORM W-2

FORM 8843 (STATEMENT FOR EXEMPT INDIVIDUALS & INDIVIDUALS WITH A MEDICAL CONDITION)

FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)

* QUICK SUMMARY *

<u>SUMMARY</u>	<u>FEDERAL</u>
FILING STATUS	6
TOTAL INCOME	1
TOTAL ADJUSTMENTS	0
ADJUSTED GROSS INCOME	1
DEDUCTIONS	0
EXEMPTIONS	0
TAXABLE INCOME	1
TAX	0
CREDITS	0
PAYMENTS	556
REFUND	556
AMOUNT DUE	0

DIRECT DEPOSIT INFORMATION

RTN: 111000614 ACCOUNT: 315853157 AMOUNT: \$556.00

* W-2 INCOME FORMS SUMMARY *

<u>T/S EMPLOYER</u>	<u>WAGES</u>	<u>FED WITH</u>	<u>FICA</u>	<u>MED TAX</u>	<u>STATE WITH ST</u>
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CLIENT : SAI TEJA GORIPARTHI

689-84-1601

PREPARER : 995 DATE : 05/13/2021

* W-2 INCOME FORMS SUMMARY *

	<u>T/S EMPLOYER</u>	<u>WAGES</u>	<u>FED WITH</u>	<u>FICA</u>	<u>MED TAX</u>	<u>STATE WITH ST</u>
1.	T UH SYSTEM CONSOLIDA	7350	556	0	0	0
	TOTALS.....	7350	556	0	0	0

Virtual VITA/TCE Taxpayer Consent

Federal Disclosure

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

I authorize UNIVERSITY OF HOUSTON DOWNTOWN VIRTUAL V:

2021-Virtual

Taxpayer PIN: 11601

PIN Date 5/13/2021

Signature: _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Consent to Disclose Tax Return Information to VITA/TCE Tax Prep Sites

Federal Disclosure

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

I authorize UNIVERSITY OF HOUSTON DOWNTOWN VIRTUAL V:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software-to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season. This means-you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year.

This consent is valid-through November 12, 2022

The tax return information that will be disclosed includes, but is not limited to,-demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return.

This information includes-your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return.

The tax return information that will be disclosed also includes-the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year- Carry Forward will assist you only if you visit a different VITA or TCE partner next year.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent-of the disclosure of tax return information to a date earlier than presented above (November 12, 2022). If I/we wish to limit the duration of the consent of the disclosure to an earlier date, I will deny consent.

Limitation on the Scope of Disclosure:-I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Taxpayer PIN: 11601

PIN Date 5/13/2021

Signature: _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name SAI TEJA GORIPARTHI	Social security number 689-84-1601
Spouse's name	Spouse's social security 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	1
2 Total tax	2	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	556
4 Amount you want refunded to you	4	556
5 Amount you owe	5	

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

Under penalties of perjury, 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

- I authorize UNIVERSITY OF HOUSTON DOWNTOWN VIRT to enter or generate my PIN

1	1	6	0	1
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 ▶ 05/13/2021

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

7	9	9	5	9	0	9	8	7	6	5
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Don't enter all zeros

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 ▶ 05/13/2021

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status

Single Married filing separately (MFS) (formerly Married) 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 <u>SAI TEJA</u>		Last name <u>GORIPARTHI</u>	Your identifying number (see instructions) <u>689-84-1601</u>
Home address (number and street or rural route). If you have a P.O. box, see instructions. <u>2111 HOLLY HALL STREET</u>		Apt. no. <u>209</u>	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. <u>HOUSTON</u>		State <u>TX</u>	ZIP code <u>77054-3955</u>
Foreign country name		Foreign province/state/county	Foreign postal code

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire 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 instr.): 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 TREATY=(7349)		1a	1
b	Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement. See instructions		1b	
c	Total income exempt by a treaty from Schedule OI (Form 1040-NR), Item L, line 1(e)	1c 7349		
2a	Tax-exempt interest	2a	2b	
3a	Qualified dividends	3a	3b	
4a	IRA distributions	4a	4b	
5a	Pensions and annuities	5a	5b	
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 9		8	
9	Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income . . ▶		9	1
10	Adjustments to income:			
a	From Schedule 1 (Form 1040), line 22	10a		
b	Charitable contributions for certain residents of India. See instructions	10b		
c	Scholarship and fellowship grants excluded	10c		
d	Add lines 10a through 10c. These are your total adjustments to income ▶		10d	
11	Subtract line 10d from line 9. This is your adjusted gross income ▶		11	1
12	Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction. See instructions		12	
13a	Qualified business income deduction. Attach 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 12 and 13c		14	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	1

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	
17	Amount from Schedule 2 (Form 1040), line 3	17	
18	Add lines 16 and 17	18	
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3 (Form 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	
23a	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15	23a	
b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 10	23b	
c	Transportation tax (see instructions)	23c	
d	Add lines 23a through 23c	23d	
24	Add lines 22 and 23d. This is your total tax	24	
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	556
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	556
e	Form(s) 8805	25e	
f	Form(s) 8288-A	25f	
g	Form(s) 1042-S	25g	
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Reserved for future use	27	
28	Additional child tax credit. Attach 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 13	31	
32	Add lines 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments	33	556
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	556
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	556
Direct deposit? See instructions.	b Routing number 1 1 1 0 0 0 6 1 4 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 3 1 5 8 5 3 1 5 7		
	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 2021 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	
	38 Estimated tax penalty (see instructions)	38	

Third Party Designee (Other than paid preparer) Do you want to allow another person (other than your paid preparer) 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 05/13/21 Your occupation STUDENT If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Phone no. (346) 493-4953 Email address saiteja.g091995@gmail.com

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
MARIANA RIVEROS		05/13/21	S32014230	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
UNIVERSITY OF HOUSTON DOWNTOWN VIRTUAL V	320 N. MAIN STREET ROOM B226--SHEA BUILDING HOUSTON TX 77002		713-222-5328	-

**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

2020
Attachment
Sequence No. **7C**

Name(s) shown on Form 1040-NR

Your identifying number

GORIPARTHI

689-84-1601

- 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
- 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 2020. 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	Date entered United States mm/dd/yy	Date departed United States mm/dd/yy
07/10/2019	/ /	/ /	/ /
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2018 146, 2019 308, and 2020 365.
- I** Did you file a U.S. income tax return for any prior year? Yes No
- If "Yes," give the latest year and form number you filed ▶ 2019 1040NR
- J** Are you filing a return for a trust? Yes No
- If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No
- K** Did you receive total compensation of \$250,000 or more during the tax year? Yes No
- If "Yes," did you use an alternative method to determine the source of this compensation? Yes No

- L** Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.
1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year
<u>INDIA</u>	<u>19</u>	<u>12</u>	<u>7349</u>

(e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b . . . ▶ 7349

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.

2020

Attachment Sequence No. **102**

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

Department of the Treasury
Internal Revenue Service

For the year January 1—December 31, 2020, or other tax year
beginning _____, 2020, and ending _____, 20_____.

Your first name and initial: SAI TEJA Last name: GORIPARTHI Your U.S. taxpayer identification number, if any: 689-84-1601

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 08/08/2018
- b Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions.
F1
- 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) ▶ Z3644630
- 4a Enter the actual number of days you were present in the United States during:
2020 365 2019 308 2018 146
- b Enter the number of days in 2020 you claim you can exclude for purposes of the substantial presence test ▶ 0

Part II Teachers and Trainees

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2020 ▶ _____
- 6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2020 ▶ _____
- 7 Enter the type of U.S. visa (J or Q) you held during: ▶ 2014 _____ 2015 _____
2016 _____ 2017 _____ 2018 _____ 2019 _____. 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 (2014 through 2019)? 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 2020 ▶
UNIVERSITY OF HOUSTON 713-743-2255
4800 CALHOUN RD, HOUSTON, TX, 77204
- 10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2020 ▶
DR. BADRI ROYSAM
4800 CALHOUN RD, HOUSTON, TX, 77204
713-743-4400
- 11 Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2014 _____ 2015 _____
2016 _____ 2017 _____ 2018 F-1 2019 F-1. 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 2020, 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 2020 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