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

| IIILEIIIAI | nevertue Service | | | | | |
|--|--|---|--|---|--|--|
| Submi | ssion Identification Number (SID) | | | | | |
| Taxpaye | er's name | Social secu | rity num | | | |
| SAR | ANYA SEELAM | 320-6 | 7-586 | 2 | | |
| Spouse | 's name | Spouse's so | cial sec | urity nu | mber | |
| D. 1 | To Burnel Constitution To Man Full Development (5.1) | | | | • \ | |
| Part | , , , | year you | are au | inoriz | ing.) | |
| | whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | |
| 1 | Adjusted gross income | | 1 1 | | 61 | 618. |
| 2 | Total tax | | 2 | | | 545. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | | 994. |
| 4 | Amount you want refunded to you | | 4 | | | 449. |
| 5 | Amount you owe | | 5 | | <u> </u> | 117. |
| Part | | | oy of y | our r | eturr | າ) |
| my know return (to send for any Agent t payment authori payment business taxes t person | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended owledge 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, transmain my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation request days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the paid identification number (PIN) below is my signature for the income tax return (original or amended) I and it is provided in the content of the paid in the content of the paid identification number (PIN) below is my signature for the income tax return (original or amended) I are provided in the content of the paid in the content of the paid in t | e are the ar itter, or elect ection of the S. Treasury cated in the en to debit the the authori- uests must be processing ayment. I fu | nounts fronic retransmined its factorial tax prepared its factorial tax prepared in the electron to the electr | from the turn oring ssion, () designation this To revolution to the tectronic knowled | le incomplete incomple | ome tax or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of that the |
| | nic runds withdrawal Consent. yer's PIN: check one box only | | | $\neg \neg$ | | |
| Тахра | | my DINI | 7 5 8 | 8 6 | 2 | 00 mv |
| | ERO firm name | · E | nter five on't ente | | but | as my |
| | signature on the income tax return (original or amended) I am now authorizing. | | | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | | |
| Your s | ignature ▶ Date ▶ | | | | | |
| Snous | se's PIN: check one box only | | | | | |
| Г | I authorize to enter or generate | my PINI | | | | as my |
| | ERO firm name | | nter five | digits, | | ao my |
| | signature on the income tax return (original or amended) I am now authorizing. | | on't ente | | | |
| | 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. | | _ | | | _ |
| Spous | e's signature ▶ Date ▶ | | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | | |
| Part | III Certification and Authentication — Practitioner PIN Method Only | | | | | |
| FRO's | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 | 7 2 7 | 8 6 | 1 9 | 8 | 9 |
| | 2 into the Enter year elx alge Entries was by year into alge con colocida into | | iter all ze | | 1 - 1 | |
| authori | that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed 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 | itting this re | turn in a | accorda | anće v | |
| ERO's | signature ► Date ► | | | | | |
| | ERO Must Retain This Form — See Instructions | | | | | |
| | Don't Submit This Form to the IRS Unless Requested To I | o So | | | | |

Department of the Treasury-Internal Revenue Service IRS Use Only-Do not write **U.S. Nonresident Alien Income Tax Return** or staple in this space. **Filing** X Single ☐ Married filing separately (MFS) Qualifying widow(er) (QW) **Status** If you checked the QW box, enter the child's name if the Check only qualifying person is a child but not your dependent one box. Your identifying number Your first name and middle initial Last name (see instructions) SARANYA 320-67-5862 SEELAM Home address (number and street or rural route). If you have a P.O. box, see instructions. Apt. no. Check if: X Individual Estate or Trust 10452 GLENMERE CREEK CIRCLE ZIP code City, town, or post office. If you have a foreign address, also complete spaces below. State

Foreign province/state/county

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?

28262

Foreign postal code

| Dependents | | | (0) Date 1 11 | (0) 5 | (4) 🗸 | if qualifie | es for (see inst.): | |
|-----------------------------------|------------|--|------------------------------------|-------------------------------------|----------|-------------|--------------------------------|--|
| (see instructions): | | (1) First name Last name | (2) Dependent's identifying number | (3) Dependent's relationship to you | Child ta | x credit | Credit for other dependents | |
| | | | | | |] | | |
| If more than four dependents, see | | | | | |] | | |
| instructions and | | | | | |] | | |
| check here ► | | | | | | | | |
| Income | 1a | Wages, salaries, tips, etc. Attach Form(s) W- | 2 | | | 1a | 64,118. | |
| Effectively | b | Scholarship and fellowship grants. Attach Fo | orm(s) 1042-S or require | d statement. See instruc | ctions . | 1b | | |
| Connected | С | Total income exempt by a treaty from Sche | edule OI (Form 1040-NR |), Item | | | | |
| With U.S. | | L, line 1(e) | | 1c | | | | |
| Trade or | 2 a | Tax-exempt interest 2a | b Tax | cable interest | | 2b | | |
| Business | 3a | Qualified dividends 3a | b Ord | dinary dividends | | 3b | | |
| | 4a | IRA distributions 4a | b Tax | cable amount | | 4b | | |
| | 5a | Pensions and annuities 5a | b Tax | cable amount | | 5b | | |
| | 6 | | | | | 6 | | |
| | 7 | Capital gain or (loss). Attach Schedule D (Fo | _ | 7 | | | | |
| | 8 | Other income from Schedule 1 (Form 1040), | | 8 | | | | |
| | 9 | Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. The | ▶ | 9 | 64,118. | | | |
| • | 10 | Adjustments to income: | | | | | | |
| | а | From Schedule 1 (Form 1040), line 26 | | | 2,500. | | | |
| | b | Reserved for future use | | | | 4 | | |
| | С | Scholarship and fellowship grants excluded | | | | | | |
| | d | Add lines 10a and 10c. These are your total | • | 9 | ▶ | 10d | 2,500. | |
| • | 11 | Subtract line 10d from line 9. This is your ad | justed gross income | | ▶ | 11 | 61,618. | |
| • | 12a | Itemized deductions (from Schedule A (Fresidents of India, standard deduction. See it | | . I I | 2,550. | | | |
| | b | Charitable contributions for certain residents | of India. See instruction | s . 12b | | | | |
| | С | Add lines 12a and 12b | | | | 12c | 12,550. | |
| | 13a | Qualified business income deduction from F | orm 8995 or Form 8995- | -A . 13a | | | | |
| | b | Exemptions for estates and trusts only. See | instructions | 13b | | | | |
| | С | Add lines 13a and 13b | | | | 13c | | |
| | 14 | Add lines 12c and 13c | | | | 14 | 12,550. | |

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

CHARLOTTE

Foreign country name

BAA

49,068.

Yes

X No

| 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 | 6 | ,545. |
| | 17 | Amount from Schedule 2 (Form | n 1040), line 3 | | | | | 17 | | 0. |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 6 | ,545. |
| | 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 | n 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 | 6 | ,545. |
| | 23a | Tax on income not effectively from Schedule NEC (Form 104 | , | | | 23 a | | | | |
| | 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 | 6, | ,545. |
| | 25 | Federal income tax withheld fr | om: | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 7 | 7,994. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions) | | | | 25c | | | | |
| | d | Add lines 25a through 25c . | | | | | | 25d | 7 | ,994. |
| | 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 | | | 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 | orm 1040-C | | | 29 | | | | |
| | 30 | Reserved for future use | | | | 30 | | | | |
| | 31 | Amount from Schedule 3 (Form | m 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 | 7 | ,994. |
| 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 | 1 | ,449. |
| | 35a | Amount of line 34 you want re | funded to you | . If Form 8888 | is attached, check | k here | | 35a | 1 | ,449. |
| Direct deposit? | ▶b | Routing number 0 8 1 | 9 0 4 8 | 3 0 8 | ▶ c Type: 🛛 | Checking | Savings | | | |
| See instructions. | ▶ d | Account number 2 9 1 | 0 2 7 6 | 5 5 9 6 | 7 0 | | | | | |
| | ►e | If you want your refund check enter it here. | 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 structions | • | | | | Complete b | elow. | ⊠ No | |
| 3 | Desigi name | | | Phone no. ▶ | | | nal identific er (PIN) | ation _ | | |
| Sign | 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. | | | | | | | | | |
| Here | Yours | signature | | Date | Your occupation | | | | nt you an lo | |
| | | | | | | 17071 | l l | | N, enter it | here |
| | <u>/</u> | | | | SOFTWARE E | NGINEER | (see ir | nst.) ▶ | $\perp \perp \perp$ | |
| | Phone | | D 1 . | Email addres | S | Date | DTIN | | | |
| Paid | | rer's name | Preparer's si | _ | | Date | PTIN | | Check if: | |
| Preparer | <u> </u> | | | | | | P02082 | | Self-er | |
| Use Only | | | | | | | | | 8)965- | |
| | Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's El | | | | | | | N ▶ 30 | <u>,-10171</u> | -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
SARANYA SEELAM

Your social security number
320-67-5862

| 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 SARANYA SEELAM 320-67-5862 Enter **amount of income** under the appropriate rate of tax. See instructions.

| The amount of mount of mount of the appropriate fact of the coordinate of the coordi | | | () (00) | | | (d) Other (specify) | | | | |
|--|--|-------------------------------------|--|------------------------------|--------|-----------------------------|--------------------|-------------------------|--|--|
| | Nature of Income | | | (a) 10% (b) 15% | | (c) 30% | % | % | | |
| 1 | Dividends and divide | end eq | uivalents: | | | | | | | |
| а | Dividends paid by U. | Dividends paid by U.S. corporations | | | | | | | | |
| b | Dividends paid by fo | reign c | corporations | | 1b | | | | | |
| С | : Dividend equivalent payments received with respect to section 871(m) transactions 1c | | | | | | | | | |
| 2 | Interest: | | | | | | | | | |
| а | Mortgage | | | | | | | | | |
| b | Paid by foreign corpo | oration | ıs | | 2b | | | | | |
| С | | | | | 2c | | | | | |
| 3 | Industrial royalties (p | atents | , trademarks, etc.) | | 3 | | | | | |
| 4 | Motion picture or TV | copyr | ight royalties | | 4 | | | | | |
| 5 | | | recording, publishing, etc.) | | 5 | | | | | |
| 6 | Real property income | e and ı | natural resources royalties | | 6 | | | | | |
| 7 | Pensions and annuiti | ies . | | | 7 | | | | | |
| 8 | | | | | 8 | | | | | |
| 9 | Capital gain from line | e 18 be | elow | | 9 | | | | | |
| 10 | Gambling – Residents of Canada only. Enter net income in column (c). | | | | | | | | | |
| _ | If zero or less, enter -0 | | | | | | | | | |
| a | Winnings | | | | | | | | | |
| b 11 | Losses | Dooid | | | 10c | | | | | |
| " | Note: Losses not allo | -nesia owed | | | 11 | | | | | |
| 12 | Other (specify) ▶ | | | | | | | | | |
| | | | | | 12 | | | | | |
| 13 | | | columns (a) through (d) | | 13 | | | | | |
| 14 | Multiply line 13 by r | ate of | tax at top of each column | | 14 | | | | | |
| 15 | Tax on income not ef | ffective | ely connected with a U.S. trade or busines | | | | | | R, line 23a ► 15 | |
| | | | Capital Gains ar | nd Losses 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 | | 16 | (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acquired mm/dd/yyyy | | (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 | or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). | | | | | | | | | |
| gains ai | | | | | | | | | | |
| • | บ4บ). property sales or | | | | | | | | | |
| exchan | ges that are effectively | | | | | | | | | |
| on Sche | ted with a U.S. business edule D (Form 1040), | 17 | | | | | | | | |
| Form 4797, or both. | | 18 | Capital gain. Combine columns (f) and | g (g) of line 17 | . Ente | er the net gain her | e and on line 9 ab | ove. If a loss, ente | r -0 ▶ 18 | |

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 Attachment Sequence No. 7C

Name shown on Form 1040-NR Your identifying number SARANYA SEELAM 320-67-5862 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 ___. Did you file a U.S. income tax return for any prior year? X Yes No Т X No Ves 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