1040)-N	Department of the Treasury U.S. Nonresident	-Internal Rever	nue Service come Tax F	99) Returr	120	20	OMB No. 15			e Only-D aple in this	o not write s space.
Filing Status		☐ Single ☐ Married filing separately (MFS) (formerly Married) ☐ Qualifying widow(er) (QW) If you checked the QW box, enter the child's name if the										
Check only one box.	, ,	alifying person is a child but not										
Your first name and middle initial				ame	Your identifying n (see instructions)			_	mber			
Home address (number and street or rural route). If you ha). box, see instru	ctions.		A	pt. no.	Check	if:	:] Individ] Estate	ual or Trust
City, town, or p	ost offi	ce. If you have a foreign address,	also complete	spaces below.	State		ZIP code					
Foreign countr	ry nam	е	Foreign pro	ovince/state/cou	Foreign p	ostal code						
At any time du	ring 20	020, did you receive, sell, send, e	exchange, or	otherwise acquir	e any fin	ancial in	terest in a	ny virtual c	urrency?		Yes	☐ No
				T								
Dependents				(2) Depende			(3) Dependent's) 🗸 if qua	1	•	,
see instructions	s):	(1) First name Last	name				onship to y	Chi	ild tax credit		Credit fo depend	
f more than fou												
dependents, see Instructions and												
check here ►												
Income	1a	Wages, salaries, tips, etc. Attac	ch Form(s) W-	-2					. 1a			
Effectively	b	Scholarship and fellowship gra	` ,		required	d statem	ent. See ir	structions	. 1b			
Connected	С	Total income exempt by a treat				1						
With U.S.		L, line 1(e)			′		1c					
Trade or	2a	Tax-exempt interest	2a		b Tax	able inte	rest		. 2b			
Business	3a	Qualified dividends	3a		b Ord	linary div	idends .		. 3b			
	4a	IRA distributions	4a		b Tax	able am	ount		. 4b			
	5a	Pensions and annuities	5a		b Tax	able am	ount		. 5b			
	6	Reserved for future use							. 6			
	7	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here . ▶ □										
	8	Other income from Schedule 1 (Form 1040), line 9										
	9	Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income										
	10	Adjustments to income:		-		J						
	а	From Schedule 1 (Form 1040),	line 22				10a					
	b	Charitable contributions for ce	tain residents	of India. See ins	struction	s.	10b					
	С	Scholarship and fellowship gra	nts excluded				10c					
	d	Add lines 10a through 10c. These are your total adjustments to income										
	11	Subtract line 10d from line 9. This is your adjusted gross income										
	12	Itemized deductions (from Sodeduction. See instructions.	chedule A (Fo	- -			dents of I	ndia, standa	ard . 12			
	13a	Qualified business income ded			orm 899	95-A	13a					
	b	Exemptions for estates and tru				1	13b					
	С		-						. 13			
		Add lines 12 and 13c							. 14			

15

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

15

Form 1040-NR (2020)													Page 2
	16	Tax (see instructions). Check if	any from Form	(s): 1	88	14	2	49	72	3 🗌			16	
	17	Amount from Schedule 2 (For	m 1040), line 3										17	
	18	Add lines 16 and 17											18	
	19	Child tax credit or credit for ot	her dependent	s									19	
	20	Amount from Schedule 3 (For	m 1040), line 7										20	
	21	Add lines 19 and 20											21	
	22	Subtract line 21 from line 18. I	f zero or less, e	enter -0-									22	
	23a	Tax on income not effectivel from Schedule NEC (Form 104	•						23a					
	b	Other taxes, including self-emline 10				•		,.	23b					
	С	Transportation tax (see instruc	ctions)						23c					
	d	Add lines 23a through 23c .											23d	
	24	Add lines 22 and 23d. This is										. ▶	24	
	25	Federal income tax withheld fi	om:											
	а	Form(s) W-2							25a					
	b	Form(s) 1099							25b					
	С	Other forms (see instructions)							25c	:				
	d	Add lines 25a through 25c .											25d	
	е	Form(s) 8805											25e	
	f	Form(s) 8288-A											25f	
	g	Form(s) 1042-S											25g	
	26	2020 estimated tax payments											26	
	27	Reserved for future use		•					27					
	28	Additional child tax credit. Atta							28					
	29	Credit for amount paid with Fo		•		,			29					
	30	Reserved for future use							30					
	31	Amount from Schedule 3 (For							31					
	32	Add lines 28 through 31. Thes	,.							redits		. ▶	32	
	33	Add lines 25d, 25e, 25f, 25g, 2											33	
Refund	34	If line 33 is more than line 24,											34	
	35a	Amount of line 34 you want re							•	-		_	35a	
Direct deposit?	▶b	Routing number							Chec			Savings		
See instructions.	►d	Account number					,,,,,,					9-		
	►e	If you want your refund check										•		
	36	enter it here. Amount of line 34 you want ap	oplied to vour	2021 estir	nate	d tax		▶	36	T				
Amount	37	Amount you owe. Subtract lin						pay,		structio	ns .	. ▶	37	
You Owe	38	Estimated tax penalty (see ins						•	38					
Third Party	•	ou want to allow another person with the IRS? See instructions	on (other than	your paid	prep	oarer)	to c	discus	_		es. C	omplete	e below.	□ No
Designee														_
(Other than paid preparer)	name													
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 are belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge													
		signature		Date Your occupation							If th	ne IRS se	ent you an Identity PIN, enter it here	
	Phone	e no.		Email add	dress							1,231	- 1.	
Daid		arer's name	Preparer's sig			-			Date	е		PTIN		Check if:
Paid	1			-										Self-employed
Preparer	Firm's	s name ►	1									Phone	no.	1 1 1 1 1 1 1
Use Only	Firm's address Firm's													