

BALAJI DAMA 3413 WHITFILED AVENUE, APT-5 CINCINNATI, OH 45220

Dear BALAJI,

Enclosed please find two copies of your 2020 federal income tax return, which you prepared through Sprintax tax software.

File one copy with the Internal Revenue Service and retain the second copy for your records.

Tax Summary

Filing Status	Other single nonresident alien
Gross Income	\$52296
Federal Adjusted Gross Income	\$52296
Federal Taxable Income	\$39896
Refund Amount	\$2325

We have attached instructions detailing how to file your tax return with the IRS.

How much is my refund?

Your federal tax refund is \$ 2325. This will be deposited directly into your checking account.

How do I file my tax return?

Your tax return must be received by May 17th. However, we recommend you mail your federal return as soon as possible using the United States Post Office certified mail service, to:

Department of the Treasury

Internal Revenue Service Austin, TX 73301-0215

If you want to use approved Private Delivery Service, please mail it to:

Austin - Internal Revenue Submission Processing Center 3651 S IH35, Austin, TX 78741



When will I receive my refund?

The IRS will take between 4-6 weeks to process your return, however exact timelines are determined by the IRS.

You can check the status of your federal tax refund at any time by using "Where's My Refund?", an interactive tool available on www.IRS.gov. You can also call the IRS TeleTax System at (800) 829-4477 or the IRS Refund Hotline at (800) 829-1954.

When you call the IRS or visit the website, you'll need the following:

- ▶ The first SSN/ITIN shown on your federal tax return. If you recently applied for an ITIN, you will need to wait for your ITIN notice in order to check your refund status online or you can just call with a copy of your tax return in front of you.
- Your filing status (as indicated at the top of your 1040-NR, Filing status section)
- ▶ The exact amount of the refund shown on your federal return (\$amount of the refund)



Federal Tax Return checklist

1. Review and sign the following form(s) where indicated with a pen mark

	A
- 4	7
//	,
8	

Form	Action
1040-NR	Sign on page 2
W8BEN	Sign on page 1 (if present)
8843	No need to sign when attached to 1040-NR

2. Attach copies of all your income and tax withholding statements showing the US income sources you used to prepare your tax return:

Income Document	Quantity
W-2 form(s), Copy B *	3

^{* -} If there is a difference between copies B and C, please attach Copy C to your Federal tax return.

- 3. Confirm that the SSN on all your W2(s) is correct.
- 3.1. If you don't have your W2(s or your SSN on your payment document(s is incorrect, then you'll need to obtain an updated W2 from your employer(s
- 4. We recommend you mail your federal return with all necessary supporting documents and attachments as soon as possible using the United States Post Office certified mail service, to:

Department of the Treasury

Internal Revenue Service Austin, TX 73301-0215

If you want to use approved Private Delivery Service, please mail it to:

Austin - Internal Revenue Submission Processing Center 3651 S IH35. Austin, TX 78741



Federal Tax Return Frequently Asked Questions

How long will it take to process my US tax return?

The IRS will take between 4-6 weeks to process your return, however exact timelines are determined by the IRS.

What is the May 17th deadline?

The May 17th tax deadline is the date by which all tax returns must be filed for the previous year.

If you owe the IRS money and you don't file your tax return by May 17th, the US tax authorities will impose late filing penalties and interest on the amount you owe, so the sooner you submit your tax return, the better.

How do I know what's happening with my tax return?

You can check the status of your federal tax return at any time by using "Where's My Refund?", an interactive tool available at www.IRS.gov. You can also call the IRS TeleTax System at (800 829-4477 or the IRS Refund Hotline at (800 829-1954.

When you call the IRS or visit the website, you'll need the following:

- ▶ The first SSN/ITIN shown on your federal tax return. If you recently applied for an ITIN, you will need to wait for your ITIN notice in order to check your refund status online or you can just call with a copy of your tax return in front of you.
- Your filing status (as indicated at the top of your 1040-NR, Filing status section)
- ▶ The exact amount of the refund shown on your federal return (\$amount of the refund)

What if I don't have a Social Security Number

If you never received a Social Security Number you'll need to organize a temporary number. This is called an Individual Taxpayer Identification Number (ITIN). If you did not apply for an ITIN within Sprintax, you can still apply for it at www.taxback.com/usa-ITIN-numbers.asp.

What is a W2 form?

The W2 form shows the amount of money you earned from that employer and the amount of tax you paid on that income. The W2 form is the official government form you receive from your employer(s) in January after the tax year ends. To claim your US tax refund, the IRS will need copies of your W2 form(s) or final payslips.

If you've misplaced your W2(s) / final payslips or never received it, you'll need to request a new one from your employer.

What is a 1042-S form?

If you've worked as a trainee, student, teacher or researcher in the US on a J or F visa, you might have received a 1042-S form instead of a W2 form.

It outlines income such as scholarships, fellowships, self-employment or grants and any income exempt from tax because of a tax treaty. We can use either the W2 or 1042-S to apply for your tax refund.

You should receive the 1042-S by mid-March of the year following the tax year



Federal Tax Return Frequently Asked Questions

What tax returns can I prepare through Sprintax?

With Sprintax, you can prepare your Federal and State tax returns, FICA tax claim and other required tax forms. Once your taxes are prepared, you will need to mail them to the IRS. Sprintax cannot e-file them for you or mail them to the IRS for you.

Can I use an international tax treaty?

Depending on your nationality and other conditions you may be able to claim a tax refund under international "tax treaties", which are agreements between the US and other countries that allow you to claim back tax you paid while working abroad.

Sprintax always checks if you're eligible for an international tax treaty when we prepare your US tax return. Your eligibility depends on factors like your nationality, length of stay, purpose of stay, type of income, your visa and other.

Could I owe money to the US tax authorities?

Depending on how your employer taxed you and what the actual tax liability under the tax law is, you may owe tax or be due a tax refund. If you have a tax liability or if other particular factors apply, then you have an obligation to file a tax return. Sprintax takes into consideration all of these factors.

Remember, if you owe money and don't file your return before the May 17 deadline, you'll get penalties and fines added to the amount you owe.



FEDERAL TAX RETURN FOR BALAJI DAMA

2020

FEDERAL FILING COPY

SIGN AND MAIL TO THE INTERNAL REVENUE SERVICE

Filing	X	Single Married filing sepa	arately (MFS	S) (formerly Mar	ried)	Qualif	ying wide	ow(er) (QW)			
Status Check only one box.	,	ou checked the QW box, enter the alifying person is a child but not y									
Your first name	e and	middle initial	Last n	name					Your ide	ntifvina i	number
									(see instri		
BALAJI			DAMA	A					782	4 6	1125
Home address	(num	ber and street or rural route). If you	u have a P.	O. box, see inst	ructions.			Apt. no.	Check if:		
3413 WHITFIL	ED A	VENUE						APT-5		Esta	ate or Trus
City, town, or po	ost off	ice. If you have a foreign address, al	so complete	e spaces below.	State		ZIP cod	de			
CINCINNATI					ОН		45220				
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At any time du	ring 20	020, did you receive, sell, send, ex	change, or	otherwise acqu	uire any fir	nancial ir	nterest in	any virtual co	urrency?	☐ Yes	s X No
	_					1			. 4		
Dependents				(2) Depend	dent's	(3)	Depender	nt's) 🗸 if qualifi	1	e instr.): t for other
(see instructions)):	(1) First name Last na	ame	identifying i			relationship to you		ld tax credit		endents
If more than four dependents, see											
instructions and											
check here ►]										
Income	1a	Wages, salaries, tips, etc. Attach	n Form(s) W	/-2					. 1a		52296
Effectively	b	Scholarship and fellowship gran	ts. Attach F	orm(s) 1042-S	or require	d statem	ent. See	instructions	. 1b		(
Connected	С	Total income exempt by a treat	y from Sch	edule OI (Form	1040-NR	l), Item					
With U.S.		L, line 1(e)			 I		1c				
Trade or	2a	Tax-exempt interest	2a			xable inte			. 2b		
Business	3a	Qualified dividends	3a			•	vidends		. 3b		
	4a	IRA distributions	4a	0		xable am			. 4b		(
	5a	Pensions and annuities	5a	0	j b la	xable am	iount .		. 5b		(
	6 7	Reserved for future use	andula D /F:		· · ·	ot requir		 khoro ►	. 6 7		
	7 Ω	Capital gain or (loss). Attach Sch Other income from Schedule 1 (. 8		
	8 9	Add lines 1a, 1b, 2b, 3b, 4b, 5b,							9		F220
	10	Add lines 1a, 1b, 2b, 3b, 4b, 3b, Adjustments to income:	, and 0. 1	ino io your tota	i enecuve	ory COMM			9		52296
	а	From Schedule 1 (Form 1040), li	ne 22				10a		0		
	b	Charitable contributions for certain					10a		U		
	C	Scholarship and fellowship gran					10c		0		
	d	Add lines 10a through 10c. Thes							▶ 10d		(
	11	Subtract line 10d from line 9. Th							► 11		52296
	12	Itemized deductions (from Sch deduction. See instructions	nedule A (Fo	orm 1040-NR))		rtain resi	dents of owed Under	India, standa	 		12400
	13a	Qualified business income dedu			r Form 89	95-A	13a				
	b	Exemptions for estates and trus					13b				
	c	Add lines 13a and 13b	•						. 13c		
	14	Add lines 12 and 13c							14		12400

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

39896

15

Form 1040-NR (2020)												Page 2
	16	Tax (see instructions). Check if	any from Form	(s): 1	814 2	497	72 ;	3 🗌		16			458
	17	Amount from Schedule 2 (Forr	n 1040), line 3							17			(
	18	Add lines 16 and 17								18			4588
	19	Child tax credit or credit for ot	her dependen	ts						19			
	20	Amount from Schedule 3 (Form	n 1040), line 7							20			(
	21	Add lines 19 and 20								21			(
	22	Subtract line 21 from line 18. I	f zero or less,	enter -0						22			458
	23a	Tax on income not effectively from Schedule NEC (Form 104	•				23a		(
	b	Other taxes, including self-emline 10	. , .		`	,,	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			458
	25	Federal income tax withheld fr	om:										
	а	Form(s) W-2					25a		6913	3			
	b	Form(s) 1099					25b		(
	С	Other forms (see instructions)					25c		(
	d	Add lines 25a through 25c .								25d			691
	е	Form(s) 8805								25e			(
	f	Form(s) 8288-A								25f			(
	g	Form(s) 1042-S								25g			(
	26	2020 estimated tax payments	and amount a	pplied from 2	019 returr	١				26			(
	27	Reserved for future use					27						
	28	Additional child tax credit. Atta	ach Schedule	8812 (Form 10	040) .		28		(
	29	Credit for amount paid with Fo					29		(
	30	Reserved for future use					30						
	31	Amount from Schedule 3 (Form	n 1040), line 1	3			31		(
	32	Add lines 28 through 31. Thes	e are your tot a	al other payn	nents and	refunda	able cr	edits .	▶	32			
	33	Add lines 25d, 25e, 25f, 25g, 2								33			691
Refund	34	If line 33 is more than line 24,	subtract line 2	4 from line 33	. This is th	ne amoui	nt you	overpaid		34			232
	35a	Amount of line 34 you want re	funded to you	J. If Form 888	8 is attach	ned, ched	ck here		. ▶ 🗌	35a			232
Direct deposit?	▶b	Routing number 0 4 4		1 1 1		pe: X			Savings				
See instructions.	▶d	Account number 5 3 3							Ü				
	►e	If you want your refund check	mailed to an	address outsi									
	26	enter it here.		0001 antima			00	Γ					
Amount	36 37	Amount of line 34 you want ap Amount you owe. Subtract lir				to pay 6	36	tructions		37			
You Owe	38	Estimated tax penalty (see ins				to pay, s	38			31			
		ou want to allow another person				. diaguas	-						
Third Party Designee	,	n with the IRS? See instructions	`	· · · ·		· · ·	. ▶	Yes.	Complete	below.] No	
(Other than paid preparer)	Desig name	nee's ►		Phone no. ▶					nal identif er (PIN)	ication			
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SCHEDULE OI (Form 1040-NR)

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

Your identifying number

Department of the Treasury Internal Revenue Service (99)

Name shown on Form 1040-NR

A Of what country or countries were you a critizen or national during the tax year? (NDIA.) In what country did you claim recidence for tax purposes during the tax year? (NDIA.) Have you ever applied to be a green card holder (lawful permanent resident) of the United States?	BAI	AJI DAMA		7	782-46-1125	
B In what country did you claim residence for tax purposes during the tax year? NDIA	Α	Of what country or countries were you a citizen or nation	nal during the tax year?	INDIA		
C Have you ever applied to be a green card holder (lawful permanent resident) of the United States?	В	In what country did you claim residence for tax purpose	es during the tax year?	INDIA		
D Were you ever: 1. A U.S. citizen? 2. A green card holder (lawful permanent resident) of the United States? If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatitation 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. immigration status 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. P. Have you ever changed your visa type, inclinating that the United States 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. Date entered United States Inwinddiyy Oil/oil/2020 Bate entered United States Inwinddiyy Oil/oil/2020 Bate entered United States and partial days) you were present in the United States during: 2018	С	Have you ever applied to be a green card holder (lawful)	permanent resident) of	the United States? .	Yes X	No
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check the box for Canada or Mexico and skip to item H	G	•	•			
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mm/dd/yy mm						
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I Did you file a U.S. income tax return for any prior year?	Н	Give number of days (including vacation, nonworkdays, an	d partial days) you were	present in the United St	tates during:	
I Did you file a U.S. income tax return for any prior year?		2018 ₀ , 2019 ₁₄₈	, and 202	20 366		
Are you filing a return for a trust?	I					No
Are you filing a return for a trust?		If "Yes," give the latest year and form number you filed	2019. 1040			
U.S. person, or receive a contribution from a U.S. person?	J					No
U.S. person, or receive a contribution from a U.S. person?		If "Yes." did the trust have a U.S. or foreign owner und	er the grantor trust rule	es. make a distribution	or loan to a	
Mo If "Yes," did you receive total compensation of \$250,000 or more during the tax year?						No
If "Yes," did you use an alternative method to determine the source of this compensation?	Κ	Did you receive total compensation of \$250,000 or more	during the tax year? .		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 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? 3. Are you claiming treaty benefits pursuant to a Competent Authority determination? 4. Yes No 6. 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.						No
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 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 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? 3. Are you claiming treaty benefits pursuant to a Competent Authority determination? 4. 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.	L	Income Exempt From Tax—If you are claiming exempt	tion from income tax u	under a U.S. income ta	ax treaty with a foreign co	ountry.
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(e) Total. Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b ▶ 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?		(a) Country	(b) Tax treaty article	(c) Number of months	(d) Amount of exemp	ot .
 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?				claimed in prior tax year	rs income in current tax y	ear ear
 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?						
 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?						
 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?						
 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?						
 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?						
 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?						
 3. Are you claiming treaty benefits pursuant to a Competent Authority determination?		(e) Total. Enter this amount on Form 1040-NR, line 1c. I	Do not enter it on line 1	a or line 1b I	>	
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	Were you subject to tax in a foreign country on any of th	e income shown in 1(d)) above?	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.			` '		Yes	No
 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. 			-		_	
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	м		,			
		• •	ncome from real prope	rty located in the United	States as effectively conn	nected
• • • • • • • • • • • • • • • • • • • •	•					▶ □
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	2					 United
States as effectively connected with a U.S. trade or business under section 871(d). See instructions	_					

Form **8843**

Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

OMB No. 1545-0074

Sequence No. 102

Attachment

Department of the Treasury Internal Revenue Service

beginning

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

For the year January 1-December 31, 2020, or other tax year

, 2020, and ending

, 20

Your first name and initial Last name Your U.S. taxpayer identification number, if any 782-46-1125 **BALAJI** DAMA Fill in your Address in country of residence Address in the United States addresses only if 3413 WHITFILED AVENUE 3-62. KATTUBADIPALEM you are filing this KONDEPI MANADALAM APT-5 form by itself and ONGOLE, PRAKASHAM CINCINNATI, OH 45220 not with your tax INDIA 523271 return Part I **General Information** Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ▶ F1 08/06/2019 Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions. b _____ Of what country or countries were you a citizen during the tax year? INDIA 2 What country or countries issued you a passport? INDIA Enter your passport number(s) ► P8712800 Enter the actual number of days you were present in the United States during: 2019 148 2018 0 b Enter the number of days in 2020 you claim you can exclude for purposes of the substantial presence test ▶ 366 **Teachers and Trainees** Part II For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2020 ▶ For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2020 ► ______ Enter the type of U.S. visa (J or Q) you held during: ► 2014____ 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. Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior 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** Enter the name, address, and telephone number of the academic institution you attended during 2020 ▶ UNIVERSITY OF CINCINNATI, 2600 CLIFTON AVE, CINCINNATI, OH, CINCINNATI,, OH, 45221, 5136529924 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2020 ▶ JULIE D. MUENCHEN, BALDWIN HALL 665B, CINCINNATI, OH, 45221, 5135560635 Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2014_ 2019 F1 . If the type of visa you held during any 2017 2018 of these years changed, attach a statement showing the new visa type and the date it was acquired. Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar 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. During 2020, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status 13 in the United States or have an application pending to change your status to that of a lawful permanent ☐ Yes X No If you checked the "Yes" box on line 13, explain ▶ _____ 14

Form 8843 (2020) Page **2**

the competition Interest the name(s) and employer identification number(s) of the charitable organization(s) that benefited from event(s) Note: You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to 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 in 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 on line 17a and there was no indication that his or her condition or problem was preexisting. Name of physician or other medical official's address and telephone number Physician's or other medical official's signature Described on line 17a and the physician or other medical official's signature Described on they are true, correct, and complete. Physician's or other medical official's signature Described on they are true, correct, and complete. Physician's or other medical official's signature Described on they are true, correct, and complete.	Part	V P	rofessional Athletes
The Enter the name(s) and employer identification number(s) of the charitable organization(s) that benefited freevent(s) ► Note: You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to 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 prob on line 17a ► c Enter the date you actually left the United States ► 18 Physician's Statement: I certify that	15	compe	
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Describe the medical condition or medical problem that prevented you from leaving the United States. See instructions. Enter the date you intended to leave the United States prior to the onset of the medical condition or medical prob on line 17a Enter the date you actually left the United States 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 medicaribed 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 Described on Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my known they are true, correct, and complete. Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my known they are true, correct, and complete. Observed Observ		Note: \	**
See instructions. ▶	Part	V In	dividuals With a Medical Condition or Medical Problem
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Physician's Statement: I certify that	b	Enter th	ne date you intended to leave the United States prior to the onset of the medical condition or medical problem described 17a
Name of taxpayer was unable to leave the United States on the date shown on line 17b because of the medical condition or medical condition or medical 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 only if you are filing his form by taself and toot with your tax Date of physician or other medical official's signature Date of physician's or other medical official's signature Obs. 10.21	С	Enter th	ne date you actually left the United States ▶
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Physician's or other medical official's address and telephone number Physician's or other medical official's signature Date of the penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my know they are true, correct, and complete. Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my know they are true, correct, and complete. 05.10.21			hable to leave the United States on the date shown on line 17b because of the medical condition or medical problem bed on line 17a and there was no indication that his or her condition or problem was preexisting.
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Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my know they are true, correct, and complete. Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my know they are true, correct, and complete. O5.10.21			Physician's or other medical official's address and telephone number
Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my kno they are true, correct, and complete. Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my kno they are true, correct, and complete. Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my kno they are true, correct, and complete. 05.10.21			Physician's or other medical official's signature Date
tself and option to the state of the state o	nly if re fili	you ng	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,
eturn Your signature Da	tself a ot wi our t	and th ax	05.10.21
	eturn		Your signature Date

Form **8843** (2020)



FEDERAL TAX RETURN FOR

BALAJI DAMA

2020

YOUR COPY

RETAIN FOR YOUR RECORDS

E 1040-NR Department of the Treasury—Internal Revenue Service

2020

OMB No. 1545-0

IRS Use Only—Do not write or staple in this space.

IIOTO	· • ·	U.S. Nonresident	Allen in	come rax	Returi	ש או וו		OMB N	lo. 154	5-0074	or staple in th	ıis space.
Filing Status		Single Married filing sepa	, (, ,	ried)	Qualif	ing wid	ow(er) (Q	W)			
Check only one box.	,	ou checked the QW box, enter the alifying person is a child but not y										
Your first name	and r	middle initial	Last n	ame						Your ider (see instru	ntifying nu uctions)	ımber
BALAJI			DAMA	١						782	46 1 °	1 2 5
Home address	(numb	per and street or rural route). If you	u have a P.0	D. box, see inst	ructions.			Apt. no.		Check if:	X Indivi	dual
3413 WHITFILE								APT-5			Estate	e or Trust
City, town, or po	st offi	ce. If you have a foreign address, al	so complete	spaces below.	State		ZIP cod	de				
CINCINNATI			ı		ОН		45220					
Foreign country	nam	е	Foreign pr	ovince/state/co	ounty		Foreigr	postal c	ode			
At any time dur	ing 20	020, did you receive, sell, send, ex	change, or	otherwise acqu	uire any fin	ancial in	terest in	any virtu	al curi	rency?	☐ Yes	X No
Dependents									(4)	✓ if qualifi	es for (see	instr.):
(see instructions):		(1) First name Last na	ame	(2) Dependidentifying r			Depende onship to			tax credit	Credit f	for other ndents
f more than four												
dependents, see										<u> </u>		
nstructions and										<u>Ц </u>	L	
check here ►	<u> </u>		_					\perp		Ц .,		
Income	1a	Wages, salaries, tips, etc. Attach								1a		52296
Effectively	b	Scholarship and fellowship gran		` '			ent. See	instruction	ons .	1b		0
Connected	С	Total income exempt by a treat L, line 1(e)	-	edule OI (Form	1040-NR), Item	1c					
With U.S.	2a	Tax-exempt interest	2a		 h Tox	· · ·				2b		
Trade or Business	2a 3a	Qualified dividends	3a							3b		
Dusilless	4a	IRA distributions	4a	0		able am				4b		0
	5a	Pensions and annuities	5a	0		able am				5b		0
	6									6		
	7	Capital gain or (loss). Attach Sch	nedule D (Fo	orm 1040) if req	uired. If n	ot require	ed, chec	k here .	▶ □	7		
	8	Other income from Schedule 1 (I								8		0
	9	Add lines 1a, 1b, 2b, 3b, 4b, 5b,	7, and 8. T	his is your tota	l effective	ly conn	ected in	come .	. ▶	9		52296
	10	Adjustments to income:										
	а	From Schedule 1 (Form 1040), lin	ne 22				10a			0		
	b	Charitable contributions for certa	ain resident	s of India. See	instruction	ns .	10b					
	С	Scholarship and fellowship gran	ts excluded				10c			0		
	d	Add lines 10a through 10c. Thes	e are your t	otal adjustme	nts to inc	ome .			. ▶	10d		0
	11	Subtract line 10d from line 9. The	•	•					. ▶	11		52296
	12	Itemized deductions (from Sch deduction. See instructions	edule A (Fo	orm 1040-NR))	or, for cer Standard De India Income	tain residuction Allo Tax Treaty	dents of owed Unde	India, st	andaro	d 12		12400
	13a	Qualified business income dedu	ction. Attac	h Form 8995 oı	Form 899	95-A	13a					
	b	Exemptions for estates and trust	ts only. See	instructions			13b					
	С	Add lines 13a and 13b								13c		

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

Add lines 12 and 13c

14

14

15

12400

39896

Form 1040-NR (2	2020)													Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌	8814	2	4972	2 3			16			4588
	17	Amount from Schedule 2 (Fe	orm 1040), line 3								17			0
	18	Add lines 16 and 17									18			4588
	19	Child tax credit or credit for	other dependent	ts							19			
	20	Amount from Schedule 3 (Fe	orm 1040), line 7								20			0
	21	Add lines 19 and 20									21			0
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0							22			4588
	23a	Tax on income not effective from Schedule NEC (Form 1	,					23a		C)			
	b	Other taxes, including self-eline 10			•		, · ·	23b		C				
	С	Transportation tax (see instr	ructions)					23c		C				
	d	Add lines 23a through 23c									23d			0
	24	Add lines 22 and 23d. This i	s your total tax							🕨	24			4588
	25	Federal income tax withheld	d from:											
	а	Form(s) W-2						25a		6913	3			
	b	Form(s) 1099						25b		C				
	С	Other forms (see instruction	s)					25c		C				
	d	Add lines 25a through 25c									25d			6913
	е	Form(s) 8805									25e			0
	f	Form(s) 8288-A									25f			0
	g	Form(s) 1042-S									25g			0
	26	2020 estimated tax paymen	ts and amount a	pplied from	2019 ret	turn .					26			0
	27	Reserved for future use .						27						
	28	Additional child tax credit. A	Attach Schedule 8	8812 (Form	1040)			28		C)			
	29	Credit for amount paid with	Form 1040-C					29		C)			
	30	Reserved for future use .					4.	30						
	31	Amount from Schedule 3 (F	orm 1040), line 1	3		. 4		31		C)			
	32	Add lines 28 through 31. Th	ese are your tot a	al other pay	ments a	and re	fundak	le cre	dits .	▶	32			0
	33	Add lines 25d, 25e, 25f, 25g	g, 26, and 32. The	ese are your	total pa	aymer	nts .			▶	33			6913
Refund	34	If line 33 is more than line 24	4, subtract line 24	4 from line 3	33. This i	s the	amoun	you c	verpaid		34			2325
	35a	Amount of line 34 you want	refunded to you	I. If Form 88	888 is att	achec	d, checl	here		. ▶ 🗌	35a			2325
Direct deposit?	►b	Routing number 0 4 4			▶ c	Type	: X	Check	ng 🗌	Savings				
See instructions.	►d	Account number 5 3 3	3 5 8 6 9	1 0										
	►e	If you want your refund che	ck mailed to an a	address out	side the	Unite	d State	s not s	shown on	page 1,				
		enter it here.												
	36	Amount of line 34 you want	applied to your	2021 estim	ated tax	(.	>	36						
Amount	37	Amount you owe. Subtract	line 33 from line	24. For det	ails on h	ow to	pay, se	e inst	ructions	▶	37			0
You Owe	38	Estimated tax penalty (see i	nstructions) .				>	38						
Third Party Designee	-	ou want to allow another pe with the IRS? See instruction			oreparer)) to d 	iscuss 	this •	Yes.	Complete	below.		No	
(Other than paid preparer)	Desig name			Phone						nal identif er (PIN)	ication			$\overline{}$
Sign		penalties of perjury, I declare that they are true, correct, and compl												
Here	Your	signature		Date	Your	occu	pation			If the	e IRS s	ent you a	ın Id	entity
							•					PIN, ente	er it h	nere
	7			05/10/202	1 STU	DENT				(see	inst.) ▶		丄	$\perp \perp$
	Phone			Email addı	ess					L ==:::		ı		
Paid	Prepa	rer's name	Preparer's sig	gnature				Date		PTIN		Check		
Preparer												_ ∐ Sel	f-em	ployed
Use Only		name >								Phone r				
	Firm's	address ►								Firm's E	∃IN ▶			

SCHEDULE OI (Form 1040-NR)

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

Your identifying number

Department of the Treasury Internal Revenue Service (99)

Name shown on Form 1040-NR

BAL	AJI DAMA			7	82-46-1125	
Α	Of what country or countries v	were you a citizen or nationa	al during the tax yea	ar? INDIA		
В	In what country did you claim	residence for tax purposes	s during the tax yea	ar? INDIA		
С	Have you ever applied to be a					0
D	Were you ever:	•	,			
1.	-				□ Yes ☒ N	О
	A green card holder (lawful pe					0
	If you answer "Yes" to (1) or (2	•				_
E	If you had a visa on the last of				r vour II S	
-	immigration status on the last		• • • •			
F	Have you ever changed your					io
•	If you answered "Yes," indicat					•
G	List all dates you entered and			tions		
u	Note: If you are a resident of		-		at intervals	
	check the box for Canada o				Mexico	
	Date entered United States	Date departed United State		Date entered United States	Date departed United State	
	mm/dd/yy	mm/dd/yy	65	mm/dd/yy	mm/dd/yy	,5
	01/01/2020					
	01/01/2020					
						-
						-
н	Give number of days (including	vacation nonworkdays and	I partial days) you w	ore present in the United St	atos durina:	
••						
ı	2018 0 Did you file a U.S. income tax	roturn for any prior year?	, and	2020 300	 ⊠ Yes □ N	10
•						U
J	If "Yes," give the latest year at Are you filing a return for a tru	nd form number you filed F	2019, 1040		□ Yes ☒ N	اما
J						U
	If "Yes," did the trust have a U.S. person, or receive a cont					10
K	Did you receive total compens					
K	If "Yes," did you use an altern					
L	Income Exempt From Tax—I					
_	complete (1) through (3) below				x treaty with a foreign count	цу,
1.					laimed the treaty benefit and	tha
•	amount of exempt income in th				ialified the freaty benefit, and	uic
	(a) Cou		(b) Tax treaty artic		(d) Amount of exempt	—
	(2)	and y	(b) rax troaty artio	claimed in prior tax year		٢
						_
						_
						_
	(e) Total. Enter this amount of	on Form 1040-NR, line 1c. D	o not enter it on lin	e 1a or line 1b	>	
2.					Yes X N	0
3.	Are you claiming treaty benefi			• •	Yes X N	О
	If "Yes," attach a copy of the		-			
М	Check the applicable box if:		Ţ			
1.		aking an election to treat in	come from real pro	perty located in the United	States as effectively connect	ted
	with a U.S. trade or business				,	П
	With a O.O. trade of business	under section of t(d). See if	istructions		🚩 🛚	ш
2.	You have made an election i States as effectively connecte	n a previous year that has	not been revoked,	to treat income from real		⊔ ted

Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

OMB No. 1545-0074

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

Attachment For the year January 1-December 31, 2020, or other tax year Sequence No. 102 Department of the Treasury , 2020, and ending Internal Revenue Service beginning , 20 Your first name and initial Last name Your U.S. taxpayer identification number, if any 782-46-1125 **BALAJI** DAMA Fill in your Address in country of residence Address in the United States addresses only if 3413 WHITFILED AVENUE 3-62. KATTUBADIPALEM you are filing this KONDEPI MANADALAM APT-5 form by itself and ONGOLE, PRAKASHAM CINCINNATI, OH 45220 not with your tax INDIA 523271 return Part I **General Information** Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ► F1 08/06/2019 b Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions. Of what country or countries were you a citizen during the tax year? INDIA 2 What country or countries issued you a passport? INDIA Enter your passport number(s) ▶ P8712800 Enter the actual number of days you were present in the United States during: 2020 366 2019 148 2018 0 b Enter the number of days in 2020 you claim you can exclude for purposes of the substantial presence test ▶ 366 **Teachers and Trainees** Part II For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2020 > _____ For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2020 ▶ Enter the type of U.S. visa (J or Q) you held during: ►
2017 2018 . If the type of visa you held during any 2019_____ of these years changed, attach a statement showing the new visa type and the date it was acquired. Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior 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** Enter the name, address, and telephone number of the academic institution you attended during 2020 ▶ UNIVERSITY OF CINCINNATI, 2600 CLIFTON AVE, CINCINNATI, OH, CINCINNATI,, OH, 45221, 5136529924 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2020 ▶ JULIE D. MUENCHEN, BALDWIN HALL 665B, CINCINNATI, OH, 45221, 5135560635

11	Enter the type of U.S. visa (F, J, M	I, or Q) you held during: ►	2014	2015		
	2016 2017	2018	2019 F1	. If the type of visa you held	during an	ıy
	of these years changed, attach a s	statement showing the new v	isa type and the	e date it was acquired.		
12	Were you present in the United S years?	n line 12, you must provide	sufficient facts		☐Yes	⊠No
13 14	During 2020, did you apply for, or in the United States or have an resident of the United States? . If you checked the "Yes" box on li	application pending to char	nge your status		□Yes	⊠ No

Form 8843 (2020) Page **2**

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
С	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
	Traine of physician of other medical emolar
	Physician's or other medical official's address and telephone number
	Physician's or other medical official's signature Date
Sign honly if only if ore fil his fo tself a	f you they are true, correct, and complete. ing orm by and
our t	ax
eturn	Your signature Date

Form **8843** (2020)

Standard Deduction Worksheet for Students and Business Apprentices From India

Attachment to Form 1040-NR, Line 37 / Form 1040-NR-EZ, line 11

Enter this amount on Form 1040-NR, line 37/ Form 1040-NR-EZ, line 11 as your standard deduction under US - India tax treaty

Name: BALAJI DAMA SSN: 782-46-1125

1. Enter the amount shown below for your filing status.

Single or married filing separately - \$12,200 Qualifying widow(er) - \$24,400

12400

2. Can you be claimed as a dependent on someone else's U.S. income tax return? No. Enter the amount from line 1 on line 4. Skip line 3 and go to line 5 Yes. Go to line 3.

No

3. Is your earned income* more than \$750?

Yes. Add \$350 to your earned income. Enter the total. No. Enter \$1,100

4. Enter the smaller of line 1 or line 3.

12400

5. If born before January 2, 1955, OR blind, enter \$1,300 (\$1,650 if single).

If born before January 2, 1955, AND blind, enter \$2,600 (\$3,300 if single). Otherwise, enter -0-

0

6. Enter any net disaster loss from the 2019 Form 4684, line 15**

0

7. Add lines 4, 5, and 6.

Enter the total here and on Form 1040-NR, line 37 (or Form 1040-NR-EZ, line 11). Print Standard Deduction Allowed Under U.S. - India Income Tax Treaty in the space to the left of these lines. This is your standard deduction for 2019.

12400