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

| - Internal n | leveliue Selvice | | | | | | | | |
|--|--|--|---|---|--|---|--|--|--|
| Submis | ssion Identification Number (SID) | | | | | | | | |
| Taxpayer | r's name | | Social | security | y numbe | er | | | |
| VIKR | ANTH AMIRISHETTY | | 680-55-6791 | | | | | | |
| Spouse's | | | Spouse's social security number | | | | | | |
| Part | Tax Return Information — Tax Year Ending December 31, 2022 | (Enter | VOOR | (011.01 | ro out | horis | ina \ | | |
| | | (Enter | year y | ou ai | e auti | 10112 | iiig.) | | |
| | whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | | |
| | Adjusted gross income | | | | 1 1 | | 44. | 042. | |
| | Total tax | | | | 2 | | | 524. | |
| | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | | 3 | | | 262. | |
| | Amount you want refunded to you | | | | 4 | | | 738. | |
| | Amount you owe | | | | 5 | | | | |
| Part I | | and k | еер а | copy | of y | our i | etur | n) | |
| return (o to send for any o Agent to paymen authoriz paymen business taxes to persona | wledge and belief, it is true, correct, and complete. I further declare that the amounts in Par original or amended) I am now authorizing. I consent to allow my intermediate service provider, my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasor delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial faction is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to text, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellated as days prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related the individual information necessary to answer inquiries and resolve issues related the financial information number (PIN) below is my signature for the income tax return (original or amendatic Funds Withdrawal Consent. | transmin for rejected the U. bunt indicate the U. bunt indicate the properties of th | tter, or ection of S. Treas cated in to det the autests muprocess ayment. | electro the tra sury ar the ta bit the thoriza ust be ling of I furtl | nic returnic returnic returnic returnic returnic receive the element of the receive receivers receivers receivers receivers receivers receivers receivers receivers returnic r | urn or sion, esign aratio this orevo ed no ectron | iginato (b) the ated F n softo accou oke (ca o later ic pay edge 1 | or (ERO) e reason inancial ware for int. This ancel) a than 2 ment of that the | |
| | yer's PIN: check one box only | | | | | П | | | |
| X | l authorize GLOBAL TAXES LLC to enter or get | nerate r | nv PIN | 5 | 6 7 | 9 | 1 | as my | |
| • | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | inorato i | , | | er five o | | but | ao my | |
| | I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below. | | | | | | | | |
| Your si | gnature ▶ Da | ite►_ | | | | | | | |
| Spous | e's PIN: check one box only | | | | | | | | |
| opous. | I authorize to enter or get | norato r | my DINI | | | | | as my | |
| | ERO firm name | ilerate i | IIY FIIN | | er five c | liaits. | | as IIIy | |
| | signature on the income tax return (original or amended) I am now authorizing. | | | | 't enter | | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PII below. | | | | | | | | |
| Spouse | e's signature ▶ Da | te ► | | | | | | | |
| | Practitioner PIN Method Returns Only—continue | below | | | | | | | |
| Part I | II Certification and Authentication — Practitioner PIN Method Only | | | | | | | | |
| FRO's | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 2 | 2 4 | 9 6 | 5 6 | 1 9 | 8 | 9 | |
| | ET INT THE ETTOR YOU GIVE AIGHT ET IN TOILOWGE BY YOUR INTO digit con colocide the | | | | er all zer | | | | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual intended to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I aments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provided | m subm | x return | (origir is retu | nal or a | meno | anće v | | |
| ERO's | signature ▶ Da | te ▶ | | | | | | | |
| | ERO Must Retain This Form — See Instruction | | | | | | | | |
| | Don't Submit This Form to the IRS Unless Requeste | | o So | | | | | | |

Department of the Treasury—Internal Revenue Service U.S. Nonresident Alien Income Tax Return

| | 2022 |
|---|------|
| ı | |

OMB No. 1545-0074

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

| For the year Ja | ın. 1–C | Dec. 31, 2022, or other tax year begi | nning | , 2022, | ending | , | 20 | | ee separate structions. |
|-----------------------------|----------|--|---------------|---------------------------|-----------------------|----------------|---------------|-------------------|----------------------------|
| Filing Status | | Single Married filing se | | , | ng surviving spouse | | | tate | ☐ Trust |
| Check only one box. | " | | | | · | · | | | |
| Your first name | e and | middle initial | Last na | ame | | | Your id | | ng number ns) |
| VIKRANTH | | | AMIR | ISHETTY | | | 680- | -55-6 | 791 |
| Home address | (num | ber and street). If you have a P.O. b | ox, see ins | structions. | | | • | | Apt. no. |
| 1617 9TH | ST | | | | | | | | |
| City, town, or p | oost o | ffice. If you have a foreign address, | also comp | lete spaces below. | | State | | ZIP co | de |
| CHARLEST | NC | | | | | IL | | 6192 | 20 |
| Foreign countr | y nam | е | Foreig | n province/state/county | | Foreign | postal co | de | |
| Digital Asset | | ny time during 2022, did you: (a) receivise dispose of a digital asset (or | | | | | or (b) sell, | | |
| Dependents | 8 | | | _ | | (4) Ch | eck the bo | x if qualit | fies for (see inst.): |
| (see instructions | | (A) First series | _ | (2) Dependent's | (0) Deletienskin te | Chi | ld tax cred | tax credit Credit | |
| | - | (1) First name Last nam | ne | identifying number | (3) Relationship to y | ou | | | dependents |
| If more than fou | r | | | | | | <u> </u> | | |
| dependents, se | e | | | | | | | | |
| instructions and check here | · | | | | | | <u> </u> | | |
| | <u> </u> | | | | | | Ц. | | |
| Income | 1a | Total amount from Form(s) W-2, b | , | , | | | | | 46,167. |
| Effectively | b | Household employee wages not r | | | | | | | |
| Connected | С. | Tip income not reported on line 1a | ` | , | | | | _ | |
| With U.S. | d | Medicaid waiver payments not rep | | ` ' | , | | | | |
| Trade or | e | Taxable dependent care benefits | | • | | | | _ | |
| Business | f | Employer-provided adoption bene | | · | | | . 1f | | |
| Attach | g | Wages from Form 8919, line 6 . | | | | | | | |
| Form(s) W-2, | h | Other earned income (see instruct | , | | | | . 1h | | |
| 1042-S, SSA-1042-S. | i | Reserved for future use | . 1j | | | | | | |
| RRB-1042-S, | J | Reserved for future use | | | | | | | |
| and 8288-A | k | | | | | | | | |
| here. Also attach | _ | () | | | 1k | | 4- | | 16 167 |
| Form(s) | Z | Add lines 1a through 1h | 1 | 1 | | | . 1z | _ | 46,167. |
| 1099-R if | 2a | · – | 2a 3a | | cable interest | | . 2b | | 375. |
| tax was withheld. | _ | | | | dinary dividends | | | | |
| If you did not | 4a | _ | 4a 5a | | | | | | |
| get a Form | 5a 6 | Pensions and annuities | | | able amount | | | | |
| W-2, see | 7 | Capital gain or (loss). Attach Sche | | | | | | | |
| instructions. | 8 | Other income from Schedule 1 (Fo | • | | • | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, an | | | | | | | 46,542. |
| | 10 | Add lines 12, 25, 35, 45, 35, 7, and Adjustments to income: | G U. 11113 13 | your total ellectively C | | | . 3 | | <u> 40,344.</u> |
| | а | | 26 | | 102 | 2 50 | 0 | | |
| | b | From Schedule 1 (Form 1040), line 26 | | | | | | | |
| | C | Reserved for future use | | | | | | | |
| | d | Enter the amount from line 10a. The | | | | | . 100 | | 2,500. |
| | 11 | Subtract line 10d from line 9. This | | = | | | | | 44,042. |
| | 12 | Itemized deductions (from Sche | dule A (Fo | rm 1040-NR)) or, for cer | tain residents of Inc | dia, standa | ard | | |
| | | deduction (see instructions) | | | 1 1 | u.US/India.Tre | aty 12 | - | 12,950. |
| | 13a | Qualified business income deduction from Form 8995 or Form 8995-A . 13a | | | | | | | |
| | b | Exemptions for estates and trusts | | | | | | | |
| | С | Add lines 13a and 13b | | | | | | | |
| | 14 | | | | | | | | 12,950. |
| | 15 | Subtract line 14 from line 11. If ze | ro or less. | enter -0 This is your tax | xable income | | . 15 | | 31,092. |

| Tax and | 16 | Tax (see instructions). Check if an | y from For | rm(s): 1 \square 88 | 314 2 497 | 72 3 | | | 16 | 3,524. |
|--------------------------------------|--------|---|----------------------|------------------------------|--------------------|-------------|-----------|--------------|--------|---------------------|
| Credits | 17 | Amount from Schedule 2 (Form | 1040), line | 3 | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 3,524. |
| | 19 | Child tax credit or credit for other | r depende | ents from Sched | ule 8812 (Form 10 |)40) . | | | 19 | |
| | 20 | Amount from Schedule 3 (Form | 1040), line | 8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If z | ero or less | s, enter -0 | | | | | 22 | 3,524. |
| | 23a | Tax on income not effectively conschedule NEC (Form 1040-NR), | | | | 23a | | | | |
| | b | Other taxes, including self-emple line 21 | • | • | , | 23b | | | | |
| | С | Transportation tax (see instruction | ons) | | | 23c | | | | |
| | d | Add lines 23a through 23c | | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is you | ur total ta : | x | | | | | 24 | 3,524. |
| Payments | 25 | Federal income tax withheld from | n: | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | 7 | ,262. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions) . | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 7,262. |
| | е | Form(s) 8805 | | | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | | 25g | |
| | 26 | 2022 estimated tax payments ar | | | | | | | 26 | |
| | 27 | Reserved for future use | | | | 27 | | | | |
| | 28 | Additional child tax credit from S | Schedule 8 | 3812 (Form 1040) |) | 28 | | | | |
| | 29 | Credit for amount paid with Forn | | | | 29 | | | | |
| | 30 | Reserved for future use | | | | 30 | | | | |
| | 31 | Amount from Schedule 3 (Form | ,. | | | 31 | | | | |
| | 32 | Add lines 28, 29, and 31. These | | | | | | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, | | | | | | | 33 | 7,262. |
| Refund | 34 | If line 33 is more than line 24, su | | | | - | - | | 34 | 3,738. |
| | 35a | Amount of line 34 you want refu | | | | | | | 35a | 3,738. |
| Direct deposit? See instructions. | b | | | | | | | | | |
| see mstructions. | d | Account number 1 9 9 3 7 8 8 1 7 6 2 1 | | | | | | | | |
| | е | If you want your refund check m | | | | | | | | |
| | | enter it here. | | | | | | | - | |
| | 36 | Amount of line 34 you want appl | | | ed tax | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24. Thi | | - | | | | | | |
| You Owe | | For details on how to pay, go to | _ | | | 1 1 | | | 37 | |
| | 38 | Estimated tax penalty (see instru | | | | 38 | | | | V |
| Third | • | u want to allow another person to | discuss t | | ie IRS? See instru | ictions. | | s. Compl | | ow. 🗵 No |
| Party Designee | Desig | | | Phone | | | | nal identifi | cation | |
| Designee | | penalties of perjury, I declare that I have they are true, correct, and complete. D | ve examine | d this return and ac | | | tatements | | | |
| Sign | | | ,00141411011 | | | | mormano | | | ent you an Identity |
| Here | Yours | signature | | Date | Your occupation | 1 | | | | PIN, enter it here |
| 11010 | | | | | SOFTWARE E | ENGINE | ER | I | inst.) | |
| | Phone | e no. | | Email address | | | | | | |
| Paid | Prepa | rer's name | Preparer | 's signature | | Date | | PTIN | | Check if: |
| | | | VENKATA | SAI PAVAN KU | MAR DUDIPALLI | 02/18 | /2023 | P02470 | 0833 | Self-employed |
| Preparer | Firm's | name VENKACABAAI, PANANKISMA | RIDØDIPAL | LI | | • | | Phone n | 0. (6' | 78)965-9522 |
| Use Only | | address 245 POONEY C | | | T 08816 | | | Firm's F | | 8-2145487 |

Form 1040-NR (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

VIKRANTH AMIRISHETTY

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

| | Sequence No. 01 |
|----------|------------------------|
| Your soc | ial security number |
| 680-55 | -6791 |

| Par | t I Additional Income | | | |
|-----|---|-------------------|----------|---|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | 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, trusts, etc. Att | ach Schedule E . | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| ı | 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 | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| n | (| 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | 1040, line 1a or 1d | 8s (| <u>)</u> | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | | |
| u | | 8u | | |
| Z | Other income. List type and amount: | | | |
| _ | | 8z | | 1 |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SE | or 1040-NR line 8 | 10 | 1 |

Schedule 1 (Form 1040) 2022 Page **2**

| Par | t II Adjustments to Income | | |
|-----|---|------|--------|
| 11 | Educator expenses | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis governr | ment | |
| | officials. Attach Form 2106 | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | |
| 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 | | |
| 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) | | |
| b | Deductible expenses related to income reported on line 8I from the | | |
| | rental of personal property engaged in for profit | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | |
| | and USOC prize money reported on line 8m | | |
| d | Reforestation amortization and expenses | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | |
| | Act of 1974 | | |
| f | Contributions to section 501(c)(18)(D) pension plans | | |
| 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) | | |
| 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 | | |
| j | Housing deduction from Form 2555 | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | |
| | 1041) | | |
| Z | Other adjustments. List type and amount: | | |
| | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an | d on | 0.500 |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | 26 | 2,500. |

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

Department of the Treasury Internal Revenue Service

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

| 2022 |
|--------------------------------------|
| Attachment Sequence No. 7B |

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number VIKRANTH AMIRISHETTY 680-55-6791 Enter **amount of income** under the appropriate rate of tax. See instructions.

| | Nature of Income | | (a) 100/ | (b) 15% | (a) 200/ | (d) Other | er (specify) | |
|----------|--|---------|-----------------------------|---------------------|-------------------------|--|--|--|
| | Nature of income | | (a) 10% | (b) 15% | (c) 30% | % | % | |
| 1 | Dividends and dividend equivalents: | | | | | | | |
| а | Dividends paid by U.S. corporations | 1a | | | | | | |
| b | Dividends paid by foreign corporations | 1b | | | | | | |
| С | Dividend equivalent payments received with respect to section 871(m) transactions | 1c | | | | | | |
| 2 | Interest: | | | | | | | |
| а | Mortgage | 2a | | | | | | |
| b | Paid by foreign corporations | 2b | | | | | | |
| С | Other | 2c | | | | | | |
| 3 | Industrial royalties (patents, trademarks, etc.) | 3 | | | | | | |
| 4 | Motion picture or TV copyright royalties | 4 | | | | | | |
| 5 | Other royalties (copyrights, recording, publishing, etc.) | 5 | | | | | | |
| 6 | Real property income and natural resources royalties | 6 | | | | | | |
| 7 | Pensions and annuities | 7 | | | | | | |
| 8 | Social security benefits | 8 | | | | | | |
| 9 | Capital gain from line 18 below | 9 | | | | | | |
| 10 | Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0 | | | | | | | |
| • | NAC . | | | | | | | |
| a | Winnings | 10c | | | | | | |
| 11 | Losses | 100 | | | | | | |
| ••• | Note: Losses not allowed | 11 | | | | | | |
| 12 | Other (specify): | | | | | | | |
| | | 12 | | | | | | |
| 13 | Add lines 1a through 12 in columns (a) through (d) | 13 | | | | | | |
| 14 | Multiply line 13 by rate of tax at top of each column | 14 | | | | | | |
| 15 | Tax on income not effectively connected with a U.S. trade or business. Add column | | | | | -NR, line 23a 15 | | |
| | Capital Gains and Losses I | From | Sales or Excha | nges of Proper | ty | | | |
| losses f | nly the capital gains and from property sales or ges that are from sources he United States and not | | (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). | |
| | ely connected with a U.S. s. Do not include a gain | | | | | | | |
| or loss | on disposing of a U.S. real | | | | | | | |
| gains a | y interest; report these nd losses on Schedule D | | | | | | | |
| (Form 1 | , and the second | | | | | | | |
| exchan | property sales or ges that are effectively | | | | | | | |
| | | | | | | | | |
| | 18 Capital gain. Combine columns (f) and (g) of line 17 | 7. Ente | er the net gain here | e and on line 9 abo | ove. If a loss, ente | r -0 18 | | |

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

2022

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

| Your is | | | | | | | | | |
|---------|---|--|-------------------------------------|--------------------|-----------|------------------------------------|------------------|-------------------------|-------------|
| VI: | KR | ANTH AMIRISHETTY | | | | 680-55-6 | 791 | | |
| Α | | Of what country or countries w | | | | | | | |
| В | | In what country did you claim | residence for tax purposes | s during the tax y | /ear? _ | United States | | | |
| С | | Have you ever applied to be a | green card holder (lawful p | ermanent resider | nt) of th | he United States? . | | Yes | ⊠ No |
| D | | Were you ever: | | | | | | | |
| | 1. | A U.S. citizen? | | | | | | Yes | ⊠ No |
| 2 | 2. | A green card holder (lawful per | rmanent resident) of the Un | ited States? . | | | | Yes | ⊠ No |
| | | If you answer "Yes" to (1) or (2) | | | | | | | |
| E | | If you had a visa on the last of immigration status on the last of | day of the tax year, enter y | our visa type. If | you d | idn't have a visa, en | - | | |
| F | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? | | | | | | | | ⊠ No |
| G | | List all dates you entered and I | off the United States during | a 2022 Soo instr | uction | | | | |
| G | | • | | _ | | | ant intervals | | |
| | | Note: If you're a resident of Cocheck the box for Canada or | | | | | Mexico | | |
| | | Date entered United States mm/dd/yy | Date departed United State mm/dd/yy | | | e entered United State mm/dd/yy | | arted Unite mm/dd/yy | d States |
| | | | | | | | | | |
| | | | | \dashv | | | | | |
| | | | | _ | | | | | |
| | | Cive purples of days (including | venetien menuverkeleve ene | | | | Ptatas di minari | | |
| Н | | Give number of days (including 2020 | | | | | | | |
| ı | | Did you file a U.S. income tax i | , 2021 | , ai | IU 2022 | 2 | ·· | X Yes | □No |
| • | | If "Yes," give the latest year an | | | | | | <u> </u> | |
| J | | Are you filing a return for a trus | st? | | | | | Yes | ⊠ No |
| | | If "Yes," did the trust have a L | | | | | | | |
| | | U.S. person, or receive a contr | ribution from a U.S. person | ? | | | | Yes | ☐ No |
| K | | Did you receive total compens | | | | | | Yes | × No |
| | | If "Yes," did you use an alterna | | | | | | | ☐ No |
| L | | Income Exempt From Tax-If complete (1) through (3) below | | | | | tax treaty with | n a foreign | country, |
| | 1. | Enter the name of the country, amount of exempt income in the | | | | | claimed the tre | eaty benefi | t, and the |
| | | (a) Cour | | (b) Tax treaty ar | | (c) Number of month | ns (d) Am | nount of exe | empt |
| | | | | | | claimed in prior tax ye | ars income i | in current to | ax year |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | (a) T 1 5 1 1 1 1 1 1 1 1 | E 4040 ND " 41 D | | | 1 12 4 | | | |
| | _ | (e) Total. Enter this amount or | | | | | | | |
| 2 | 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 benefit | | - | | | | ∐ Yes | ⊠ No |
| | | If "Yes," attach a copy of the C | competent Authority detern | nination letter to | your re | eturn. | | | |
| M | | Check the applicable box if: | | | | | | | |
| | | This is the first year you are may with a U.S. trade or business u | ınder section 871(d). See in | structions | | | | | 🗌 |
| 2 | 2. | You have made an election in States as effectively connected | | | | | | | |