Form **1040-NR**

U.S. Nonresident Alien Income Tax Return
► Go to www.irs.gov/Form1040NR for instructions and the latest information.

For the year January 1-December 31, 2019, or other tax year

2019

, 20

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

, 2019, and ending beginning

	Your	first name and middle initial	Last name					Identi	fying num	ber (see	instructions)
	SH	ASHANK	NAWATHE					711	-49-84	413	
	Pres	ent home address (number and street or rural route)). If you have a P	.O. box, s	ee instru	ctions.	Apt. no.		Check if:	X	ndividual
Please print	21	4 ANNUNCIATION STREET								E	Estate or Trust
or type	City,	town or post office, state, and ZIP code. If you have	e a foreign addre	ess, also c	omplete	spaces b	elow. See i	nstructio	ons.		
	LA]	FAYETTE LA 70508									
	Fore	ign country name		Foreign	province/	state/co	unty			Foreig	n postal code
Filing	1	Reserved			4	Reser	ved				
	2	Single nonresident alien			5	Marrie	ed nonres	ident a	alien		
Check only	3	Reserved			6	Qualit	fying wido	w <u>(er) (</u>	see instr	uctions	s)
						Child	's name ▶	·			
Dependents	7	Dependents: (see instructions)	(2) Depende	nt'e	(3) Den	endent's		(4) 🗸 i	f qualifies f	for (see i	instr):
-	-	(1) First name Last name	identifying nur			ship to yo	1			•	,
								П			
Income	8	Wages, salaries, tips, etc. Attach Form(s)	W-2						8		6,278.
	9a	Taxable interest							9a		
-	b	Tax-exempt interest. Do not include on li	ine 9a			9b					
	10a	Ordinary dividends							10a		
	b	Qualified dividends (see instructions) .				10b				ļ	
Business	11	Taxable refunds, credits, or offsets of stat	e and local in	come ta	xes (se	e instru	ctions) .		Estate or Trust Estate or Trust		
	12		. ,				(see instr	uction		Estate or Trus Foreign postal code Instructions Instructions	
	13	Business income or (loss). Attach Schedu	•		,			_			
12 S 13 E 14 C	Capital gain or (loss). Attach Schedule D (Form						here L				
Attach Form(s)		Other gains or (losses). Attach Form 4797							_		
							mount (se		· —		
,		Pensions and annuities 17a					mount (se		<i>'</i>		
		Rental real estate, royalties, partnerships, t									
		` ,									
was withheld.		Total income exempt by a treaty from page	e 5. Schedule	OI item	ا (ا(ع))	22			21		
		Combine the amounts in the far right					hie ie vo	ur tots	Check if:		
	20	effectively connected income									6,278.
Adiustad	24	Educator expenses (see instructions) .				24					
-	25	Health savings account deduction. Attach				25					
Please print or type City, town or post LAFAYETTE Foreign country na Filing Status Check only one box. Dependents If more than four dependents, see instructions and check here. Income Effectively Connected With U.S. Trade/ Business Attach Form(s) W-2, 1042-S, SSA-1042S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld. Adjusted Gross Income Adjusted Gross Income Adjusted Gross Income Adjusted Gross Income Tax and Credits Tax and Credits City, town or post LAFAYETTE Foreign country na Reserv 2 Single 3 Reserv (1) First na (1) Firs	Moving expenses for members of the A	Armed Forces	s. Attach	n Form							
		3903				26					
	27	The second secon									
		1040 or 1040-SR)				27					
	28	Self-employed SEP, SIMPLE, and qualified				28					
		Self-employed health insurance deduction				29					
		Penalty on early withdrawal of savings .				30					
		Scholarship and fellowship grants exclude				31					
		IRA deduction (see instructions)				32					
		Student loan interest deduction (see instru	,			33			0.4	Foreign postal co Foreign postal co n instructions) alifies for (see instr.):	
		Add lines 24 through 33								Foreign postal co	6 270
T		Reserved for future use									0,4/0.
		Itemized deductions from page 3, Sched									12 200
Credits		Qualified business income deduction. Atta									,

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Form 1040-NR (2019) Page 2 40 12,200. Tax and 41 Taxable income. Subtract line 40 from line 35. If zero or less, enter -0-41 0. **Credits** 42 **Tax** (see instr.). Check if any is from Form(s): **a** □ 8814 **b** □ 4972 42 0. (continued) 43 43 Alternative minimum tax (see instructions). Attach Form 6251 . . . Excess advance premium tax credit repayment. Attach Form 8962 . . . 44 45 0. 45 Add lines 42, 43, and 44 46 Foreign tax credit. Attach Form 1116 if required 47 Credit for child and dependent care expenses. Attach Form 2441 . 47 Retirement savings contributions credit, Attach Form 8880 . . . 49 Child tax credit and credit for other dependents (see instructions) . 49 50 Residential energy credits. Attach Form 5695 Other credits from Form: **a** 3800 **b** 8801 **c** Add lines 46 through 51. These are your **total credits** 52 53 Subtract line 52 from line 45. If zero or less, enter -0-0. Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule **Other Taxes** 55 Self-employment tax. Attach Schedule SE (Form 1040 or 1040-SR) . . . 55 Unreported social security and Medicare tax from Form: **a** 4137 **b** 8919 . . . 56 57 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . 57 58 **59a** Household employment taxes from Schedule H (Form 1040 or 1040-SR) . 59a **b** Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . 59b **60** Taxes from: **a** ☐ Form 8959 **b** ☐ Instructions; enter code(s) ____ 60 **61 Total tax.** Add lines 53 through 60 0. 61 62 Federal income tax withheld from: **Payments** 367. **a** Form(s) W-2 and 1099 62a 62b **c** Form(s) 8288-A . . . 62c **d** Form(s) 1042-S 63 2019 estimated tax payments and amount applied from 2018 return 64 Additional child tax credit, Attach Schedule 8812 Net premium tax credit. Attach Form 8962 66 Amount paid with request for extension to file (see instructions) . . . 66 67 Excess social security and tier 1 RRTA tax withheld (see instructions) **68** Credit for federal tax on fuels. Attach Form 4136 68 **69** Credits from Form: **a** 2439 **b** Reserved **c** 8885 **d** □ 69 **70** Credit for amount paid with Form 1040-C Add lines 62a through 70. These are your total payments 367. 71 367. 72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid 72 Refund 73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here . . . ▶ □ 73a 367. Direct deposit? 1 | 1 | 1 | 0 | 0 | 0 | 6 | 1 | 4 ▶ c Type: X Checking Savings **b** Routing number See **d** Account number | 1 | 1 | 9 | 6 | 9 | 0 | 7 | 2 | 2 instructions. e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. 74 Amount of line 72 you want applied to your 2020 estimated tax Amount 75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions 75 You Owe Do you want to allow another person to discuss this return with the IRS? See instructions \(\subseteq \textbf{Yes.} \) Complete below. X No **Third Party** Designee's Personal identification **Designee** name no. ▶ number (PIN) 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 Sign Here belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation in the United States If the IRS sent you an Identity Keep a copy of Protection PIN, enter it here this return for (see instr.) vour records. IT CONSULTANT

Preparer's signature

Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041

Print/Type preparer's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Firm's name ► GLOBAL TAXES LLC

Paid

Preparer

Use Only

 SYAM PRIYA RAM SAGAR GUPTA TALLAM
 03/22/2023 | self-employed
 P02082703

 C
 Firm's EIN ► 30-1017196

 eek Ln Cumming GA 30041
 Phone no. (678)965-9522

Check ____ if

Date

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Schedule A—Itemized Deductions (see instructions) 07 **Taxes You** State and local income taxes 1 **Paid** State and local income taxes . 1a Enter the smaller of line 1a and \$10,000 (\$5,000 if box 5 is checked) 1b **Gifts** 2 Gifts by cash or check. If you made any gift of \$250 or more, see to U.S. 2 **Charities** Other than by cash or check. If you made any gift of \$250 or more, Caution: If you see instructions. Individuals must attach Form 8283 if line 3 is over made a gift 3 and received a benefit in return, see 4 Carryover from prior year instructions. 5 Add lines 2 through 4 5 Casualty Casualty and theft loss(es) from a federally declared disaster (other than net qualified 6 and Theft disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See Losses 6 Other—from list in instructions. List type and amount ▶ **Other** Itemized **Deductions** 7 Total **Itemized** Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on 8 **Deductions** 8

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	Schedule NEC—Tax on Income Not Effectively C	onnected With a	ot Effectively Connected With a U.S. Trade or Business (see instructions)	siness (see instru	ıctions)	
		Enter amount o	Enter amount of income under the appropriate rate of tax (see instructions)	propriate rate of tax (s	see instructions)	
	Nature of income	7007	(L) 450/	/806 (*)	O (p)	(d) Other (specify)
		(a) 10%	%CI (a)	(c) 30%		% %
-	Dividends and dividend equivalents:					
Ø	Dividends paid by U.S. corporations	1a				
q	Dividends paid by foreign corporations	1b				
O	Dividend equivalent payments received with respect to section 871(m)					
8	Interest:	2				
a	Mortgage	2a				
q	Paid by foreign corporations	2b				
O	Other	2c				
က	Industrial royalties (patents, trademarks, etc.)	3				
4	Motion picture or T.V. copyright royalties	4				
2	Other royalties (copyrights, recording, publishing, etc.)	5				
9	Real property income and natural resources royalties	9				
7	Pensions and annuities	7				
œ	Social security benefits	8				
6	Capital gain from line 18 below	6				
10	Gambling—Residents of Canada only. Enter net income in column (c).					
	If zero or less, enter -0					
a	Winnings					
q	rosses	10c				
Ξ	Gambling winnings - Residents of countries other than Canada.					
	Note: Losses not allowed	11				
12	Other (specify) ▶					
		12				
13	Add lines 1a through 12 in columns (a) through (d)	13				
4	Multiply line 13 by rate of tax at top of each column	14				
15	not effectively connected with a U.S. trac	d columns (a) throu	le or business. Add columns (a) through (d) of line 14. Enter the total here and on Form	er the total here an		
	1040-NR, line 54				- .	15
	Capital Gains and Losses Fr	om Sales or Exc	s and Losses From Sales or Exchanges of Property	ty		
1040	Land continue to the state of t	_				

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 or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040 or 1040-SR).

Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040 or 1040-SR), Form 4797, or both.

les or from United	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(f) LOSS (g) GAIN If (e) is more than (d), If (d) is more than (e), subtract (d) from (e) subtract (e) from (d)
iness.								
real								
these								
s or								
siness	17 A	17 Add columns (f) and (g) of line 16 .						
oth.	18 C	18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter -0-) .	(q) of line 17. Ente	r the net gain here	and on line 9 abc	ve (if a loss, enter	r -0-) . ▼ 18	

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	Schedule OI – Othe	er Information (s	see instructions)	
A	Of what country or countries were you a citizen or nation		ear? INDIA	
В	In what country did you claim residence for tax purposes	s during the tax yea	r? United States	
С	Have you ever applied to be a green card holder (lawful	permanent resident) of the United States? .	Yes 🔀 No
D	Were you ever:			
1.	A U.S. citizen?			
2.	A green card holder (lawful permanent resident) of the U			Yes 🔀 No
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4			
E	If you had a visa on the last day of the tax year, enter yimmigration status on the last day of the tax year. F1	• • • •	ou did not have a visa, ente	•
F	Have you ever changed your visa type (nonimmigrant sta			
	If you answered "Yes," indicate the date and nature of the			
G	List all dates you entered and left the United States during	•		
	Note: If you are a resident of Canada or Mexico AND co check the box for Canada or Mexico and skip to item			t intervals, ☐ Mexico
	Date entered United States		Date entered United States	Date departed United States
	mm/dd/yy mm/dd/yy		mm/dd/yy	mm/dd/yy
		-		
Н	Give number of days (including vacation, nonworkdays,	and partial days) va	u wara propent in the Unite	d States duving
п	2017, 2018			
	Did you file a U.S. income tax return for any prior year?	, and 20		 ⊠ Yes □ No
-	If "Yes," give the latest year and form number you filed			
J	Are you filing a return for a trust?			Yes 🗵 No
	If "Yes," did the trust have a U.S. or foreign owner und U.S. person, or receive a contribution from a U.S. person	er the grantor trust	rules, make a distribution	or loan to a
K	Did you receive total compensation of \$250,000 or more			
	If "Yes," did you use an alternative method to determine			
L	Income Exempt from Tax—If you are claiming exempt complete (1) through (3) below. See Pub. 901 for more in			x treaty with a foreign country,
1.	Enter the name of the country, the applicable tax treaty the amount of exempt income in the columns below. Att			u claimed the treaty benefit, and
	(a) Country	(b) Tax treaty artic	(c) Number of months	
	(a) Total Enter this area and a Farma 4040 MD II and	De met control it	line 0 or line 40	
2	(e) Total. Enter this amount on Form 1040-NR, line 22 Were you subject to tax in a foreign country on any of the			Yes No
2. 3.	Are you claiming treaty benefits pursuant to a Competer			Yes No
٥.	If "Yes," attach a copy of the Competent Authority deter			
М	Check the applicable box if:			
1.	This is the first year you are making an election to treat i with a U.S. trade or business under section 871(d). See		operty located in the United	
2.	You have made an election in a previous year that has			_
	States as effectively connected with a U.S. trade or busi			