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

| Submission | n Identification Number (SID) | | | • | | | |
|--|--|---|--|--|--|--|--|
| Taxpayer's na | ame | | Social secur | ity numb | er | | |
| ADARSH | MUNNANURU | | 785-34 | 1790 |) | | |
| Spouse's nam | ne | Spouse's social security number | | | | | |
| Part I | Tax Return Information — Tax Year Ending December 31, 202 | 22 (Enter | year you | are aut | horizin | g.) | |
| | e dollars only on lines 1 through 5. | | , , | | | <u> </u> | |
| Note: Form | n 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | |
| 1 Adju | usted gross income | | | 1 | 3 | 6,1 | 77. |
| | al tax | | | 2 | | 2,5 | 82. |
| | leral income tax withheld from Form(s) W-2 and Form(s) 1099 | | | 3 | | 6,3 | 377. |
| | ount you want refunded to you | | | 4 | | 3,7 | 95. |
| | ount you owe | | | 5 | | | |
| Part II | Taxpayer Declaration and Signature Authorization (Be sure you of lities of perjury, I declare that I have examined a copy of the income tax return (original of | | | | | | |
| to send my r for any delay Agent to initi payment of r authorization payment, I r business day taxes to rec personal ide | nal or amended) I am now authorizing. I consent to allow my intermediate service provice return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or really in processing the return or refund, and (c) the date of any refund. If applicable, I authorized an ACH electronic funds withdrawal (direct debit) entry to the financial institution a my federal taxes owed on this return and/or a payment of estimated tax, and the financial is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancelys prior to the payment (settlement) date. I also authorize the financial institutions invoiceive confidential information necessary to answer inquiries and resolve issues related the financial information is my signature for the income tax return (original or amounds Withdrawal Consent. | ason for rejective the U. account indictive institution to terminate ellation requested to the part of | ction of the S. Treasury a cated in the n to debit the the authorizests must be processing cayment. I fu | transmis and its of tax preper entry to the entry to the election. The received the election are the acceptants. | ssion, (b) designate paration s to this ac o revoke ved no la ectronic knowledge | the red Fire count of the count | reason ancial are for t. This ncel) a than 2 nent of the |
| | | | | | | 7 | |
| | s PIN: check one box only authorize GLOBAL TAXES LLC to enter or | gonorato r | my DIN 4 | 1 7 | 7 9 0 | | 0 m)/ |
| _ | gnature on the income tax return (original or amended) I am now authorizing. | generate i | ř Ei | | digits, but r all zeros | t | ıs my |
| ☐ I v | will enter my PIN as my signature on the income tax return (original or amenda you are entering your own PIN and your return is filed using the Practitioner elow. | | | | | | |
| Your signat | ture ▶ | Date ► _ | | | | | |
| Spouso's I | PIN: check one box only | | | | | | |
| - — | - | ganarata r | my DIN | | | \rceil | . m. |
| □ та | authorize to enter or to enter or | generate i | _ | nter five | digits, but | _ | ıs my |
| sig | gnature on the income tax return (original or amended) I am now authorizing. | | | | r all zeros | | |
| if y | will enter my PIN as my signature on the income tax return (original or amenda you are entering your own PIN and your return is filed using the Practitioner elow. | | | | | | |
| Spouse's s | | Date ► | | | | | |
| | Practitioner PIN Method Returns Only—continu | | | | | | |
| Part III | Certification and Authentication — Practitioner PIN Method Only | / | | | | | |
| ERO's EFII | N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 2 | 2 4 9 Don't en | 6 6 | 1 9 | 8 | 9 |
| | | | Don't en | un 26 | . 55 | | |
| authorized to | the above numeric entry is my PIN, which is my signature for the electronic individual to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that its of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Process. | I am submi | itting this ref | turn in a | ccordan | ce w | |
| ERO's sign | nature ► | Date ► | | | | | |
| | ERO Must Retain This Form — See Instruc | | | | | | |
| | Don't Submit This Form to the IRS Unless Reques | sted To D | 10 So | | | | |

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

| 2022 |
|------|
| |

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 begin | ning | , 2022, | ending | ·, | 20 | | separate uctions. |
|---|----------------------|--|-------------|-----------------------------|-----------------------|-----------------|---------------|------------------------|--------------------------|
| Filing Status | | Single Married filing sep | • . | MFS) Qualifyir | ng surviving spouse | (QSS) | ☐ Est | | Trust |
| Check only one box. | " | you checked the QSS box, enter the c | | the qualifying person | | our depeni | uent. | | |
| Your first name | e and | middle initial | Last na | ame | | | | entifying ructions) | number |
| ADARSH | | | MUNN | IANURU | | | 785- | 34-179 | 0 |
| Home address | (num | ber and street). If you have a P.O. bo | x, see ins | structions. | | | | А | pt. no. |
| 95 REDBU | D RD |) | | | | | | | |
| City, town, or p | oost o | ffice. If you have a foreign address, a | lso comp | olete spaces below. | | State | | ZIP code | |
| PISCATAW. | AY | | | | | NJ | | 08854 | |
| Foreign countr | y nam | е | Foreig | n province/state/county | | Foreign p | postal coc | le | |
| Digital Asset | | ny time during 2022, did you: (a) recervise dispose of a digital asset (or a | | | | | r (b) sell, e | | |
| Dependents | s | | | | | (4) Ch | eck the box | if qualifies | for (see inst.) |
| (see instructions | | (A) E: 1 | | (2) Dependent's | (0) 5 1 11 1 1 1 | Chil | d tax credit | | lit for other |
| If more than four dependents, see | | (1) First name Last name | 9 | identifying number | (3) Relationship to y | ou | | del | pendents |
| If more than fou | r — | | | | | | | | |
| dependents, se | e | | | | | | | | <u> </u> |
| instructions and | - | | | | | | | | \perp |
| check here | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, bo | • | , | | | | 3 | 88,677. |
| Effectively | b | Household employee wages not re | • | () | | | | | |
| Connected | С. | Tip income not reported on line 1a | ` | , | | | | | |
| With U.S. | d | Medicaid waiver payments not repo | | ` ' | , | | . 1d | | |
| Trade or | e | Taxable dependent care benefits fr | | • | | | . 1e | | |
| Business | f | Employer-provided adoption benef | | • | | | . 1f | | |
| Attach | g | Wages from Form 8919, line 6 . | | | | | . 1g | | |
| Attach Form(s) W-2, h Other earned income (see instructions) | | | | | | . 1h | | | |
| 1042-S, SSA-1042-S, | i : | | | | | | 4: | | |
| RRB-1042-S, | J I- | Reserved for future use | | | | | . 1j | | |
| and 8288-A | k | Total income exempt by a treaty from line 1(e) | | , | tem L, 1k | | | | |
| here. Also attach | - | Add lines 1a through 1h | | | <u>IK</u> | | . 1z | 3 | 8,677. |
| Form(s) | z 2a | 1 | .a | 1 | able interest | | . 2b | | 0,077. |
| 1099-R if | 2a 3a | | a Ba | | linary dividends . | | . 3b | | |
| tax was withheld. | 4a | | a | | able amount | | | | |
| If you did not | т а 5а | | ia i | | able amount | | | | |
| get a Form | 6 | Reserved for future use | | | | | | | |
| W-2, see | 7 | Capital gain or (loss). Attach Sched | | | | | | | |
| instructions. | 8 | Other income from Schedule 1 (For | • | | • | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and | | | | | | 1 - | 88,677. |
| | 10 | Adjustments to income: | J. 11113 13 | o , san total oliootivoly o | | | | | ,,,,,,,, |
| | а | From Schedule 1 (Form 1040), line | 26 . | | 10a | 2,50 | 0 | | |
| | b | Reserved for future use | | | | 2,50 | <u> </u> | | |
| | c | Reserved for future use | | | | | | | |
| | d | Enter the amount from line 10a. The | | | | | . 10d | | 2,500. |
| | 11 | Subtract line 10d from line 9. This is | , | • | | | | | 2,300. 86,177. |
| | 12 | Itemized deductions (from Sched | ule A (Fo | orm 1040-NR)) or, for cer | tain residents of Inc | | ırd | | |
| | 40- | deduction (see instructions) | | | 1 1 | "nn\ TimTq Ttt6 | aty 12 | 1 | 2,950. |
| | 13a | Qualified business income deduction | | | | | | | |
| | b | Exemptions for estates and trusts of | • • | • | | | 40- | | |
| | C 1/ | Add lines 13a and 13b Add lines 12 and 13c | | | | | | - | 2 252 |
| | 14 15 | Subtract line 14 from line 11. If zero | | | | | . 14 | | <u> 2,950.</u> 23 227 |

| Tax and | 16 | Tax (see instructions). Check if ar | y from Foi | rm(s): 1 88 | 314 2 [| 4972 | 2 3 | | | 16 | 2,582. |
|-------------------|---|--|---------------------|--------------------|----------------|-----------|------------|-----------|-------------|-----------|---------------------------------------|
| Credits | 17 | Amount from Schedule 2 (Form | 1040), line | 3 | | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | | 18 | 2,582. |
| | 19 | Child tax credit or credit for other | r depende | ents from Sched | ule 8812 (Fo | orm 104 | 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 | 2,582. |
| | 23a | Tax on income not effectively co Schedule NEC (Form 1040-NR), | | | | | 23a | | | | |
| | b | Other taxes, including self-empl line 21 | • | • | • | , · · | 23b | | | | |
| | С | Transportation tax (see instruction | | | | | 23c | | | | |
| | d | Add lines 23a through 23c | | | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is you | | | | | | | | 24 | 2,582. |
| Payments | 25 | Federal income tax withheld from | | | | | | | | | |
| dymonio | а | Form(s) W-2 | | | | . | 25a | 6 | ,377. | | |
| | b | Form(s) 1099 | | | | i | 25b | | , | | |
| | С | Other forms (see instructions) . | | | | 1 | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | | 25d | 6,377. |
| | 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 | | • • | | 1 | 27 | | | | |
| | 28 | Additional child tax credit from S | | | | i | 28 | | | | |
| | 29 | Credit for amount paid with Forn | | • | , | 1 | 29 | | | | |
| | 30 | Reserved for future use | | | | | 30 | | | | |
| | 31 | Amount from Schedule 3 (Form | | | | | 31 | | | | |
| | 32 | Add lines 28, 29, and 31. These | | | | , | | dits | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26 | | | | | | | | 33 | 6,377. |
| Refund | 34 | If line 33 is more than line 24, su | | | | | | | | 34 | 3,795. |
| riorana | 35a | Amount of line 34 you want refu | | | | | • | • | _ | 35a | 3,795. |
| Direct deposit? | b | Routing number 0 4 4 0 | | | c Type | | Checki | | Savings | | |
| See instructions. | d | Account number 8 9 9 8 | | | | I | | ĭ — | J. | | |
| | е | | | | | | | | | | |
| | | ontor it hara | | | | | | | , | | |
| | 36 | Amount of line 34 you want app | | | | | 36 | | | 1 | |
| Amount | 37 | Subtract line 33 from line 24. Th | is is the ar | mount you owe. | | | | | | | |
| You Owe | | For details on how to pay, go to | | | | tions . | | | | 37 | |
| | 38 | Estimated tax penalty (see instru | ictions) . | | | . | 38 | | | | |
| Third | Do yo | u want to allow another person to | discuss t | his return with th | ne IRS? See | e instruc | ctions. | ☐ Ye | s. Compl | ete bel | ow. 🛛 No |
| Party | Design | nee's | | Phone | | | | Persor | al identifi | cation, | |
| Designee | name | | | no. | | | | numbe | r (PIN) | | |
| | | penalties of perjury, I declare that I ha they are true, correct, and complete. I | | | | | | | | | |
| Sign | Yours | signature | | Date | Your occu | pation | | | If the | e IRS se | ent you an Identity |
| Here | | | | | | | | | | | PIN, enter it here |
| | | | | | SOFTWA | RE E | NGIN: | EER | (see | inst.) | |
| | Phone | | - | Email address | | - | Б. | - | DT::: | - | |
| Paid | Prepa | rer's name | Preparer | 's signature | | | Date | | PTIN | | Check if: |
| Preparer | VENKA | TA SAI PAVAN KUMAR DUDIPALLI | VENKATA | SAI PAVAN KU | JMAR DUDII | PALLI | 04/0 | 5/2023 | P02470 | | Self-employed |
| Use Only | | name GLOBAL TAXES | LLC | | | | | | | | 78)965-9522 |
| Coo Ciny | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | | | Firm's El | IN 8 | 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

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

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

| ıme | (s) shown on Form 1040, 1040-SR, or 1040-NR | Your so | Your social security number | | |
|-----|---|---------|-----------------------------|--|--|
| DAF | SH_MUNNANURU | 34-17 | 90 | | |
| 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. Attach Schedule | Ε. | 5 | | |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | | |
| 7 | Unemployment compensation | | 7 | | |
| 8 | Other income: | | | | |
| а | Net operating loss |) | | | |
| b | Gambling | | | | |
| С | Cancellation of debt | | | | |
| d | Foreign earned income exclusion from Form 2555 8d (| | | | |
| е | Income from Form 8853 | | | | |
| f | Income from Form 8889 | | | | |
| g | Alaska Permanent Fund dividends 8g | | | | |
| h | Jury duty pay | | | | |
| i | Prizes and awards | | | | |
| j | Activity not engaged in for profit income 8j | | | | |
| k | Stock options | | | | |
| 1 | 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 8I | | | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | | |
| | instructions) | | | | |

8n

80

8p

8q

8r

8s

8t

8u

8z

For Paperwork Reduction Act Notice, see your tax return instructions.

Section 951(a) inclusion (see instructions)

u Wages earned while incarcerated

9

Other income. List type and amount:

Section 951A(a) inclusion (see instructions)

Section 461(I) excess business loss adjustment

Taxable distributions from an ABLE account (see instructions) . . .

Scholarship and fellowship grants not reported on Form W-2 . . .

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

Schedule 1 (Form 1040) 2022

9

10

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

Attachment Sequence No. 7B

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

| Your identifying number | | | | | | |
|-------------------------|-----|------|--|--|--|--|
| 705 | 2.4 | 1700 | | | | |

Name shown on Form 1040-NR ADARSH MUNNANURU 785-34-1790 Enter **amount of income** under the appropriate rate of tax. See instructions. (d) Other (specify)

| | Nature of Income | Nature of Income | | (b) 15% | (c) 30% | | |
|-----------------------------------|--|------------------|-----------------------------|---------------------|-------------------------|--|--|
| | Nature of income | | (a) 10% | (b) 1370 | (6) 50 70 | % | % |
| 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 | | | | | | |
| а | Winnings | | | | | | |
| b | Losses | 10c | | | | | |
| 11 | 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 | | | | | |
| 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 colun | | | | | -NR, line 23a 15 | |
| | Capital Gains and Losses I | From | Sales or Excha | nges of Propert | ТУ | | 1 |
| losses fi exchanç within th | the capital gains and rom property sales or ges that are from sources let connected with a U.S. (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) (b) Date acq mm/dd/yy | | (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). |
| busines | s. Do not include a gain on disposing of a U.S. real | | | | | | |
| property gains ar | y interest; report these and losses on Schedule D | | | | | | |
| (Form 1) | 040). property sales or | | | | | | |
| exchang | ges that are effectively | | | | | | |
| on Sche | | | | | | | |
| Form 4 | 18 Capital gain. Combine columns (f) and (g) of line 17 | /. Ente | er the net gain here | e and on line 9 abo | ove. If a loss, ente | er -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.

Attachment Sequence No. **7C**

Your identifying number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

Answer all questions.

| ADA | RSH MUNNANURU | | | | 785-34-1 | 790 | | | | | | | |
|-----|--|---|---------------|------------------------------|-----------------|-------------|-------------|--|--|--|--|--|--|
| Α | Of what country or countries were you a citizen or nat | | | | | | | | | | | | |
| В | In what country did you claim residence for tax purpo | ses during | the tax ye | ar? United States | | | | | | | | | |
| С | In what country did you claim residence for tax purposes during the tax year? United States Have you ever applied to be a green card holder (lawful permanent resident) of the United States? | | | | | | | | | | | | |
| D | Were you ever: | | | | | | | | | | | | |
| 1 | . A U.S. citizen? | | | | | Yes | ⊠ No | | | | | | |
| 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 expatriation rules that apply to you. | | | | | | | | | | | |
| Е | If you had a visa on the last day of the tax year, ent | | | | ter vour U.S. | | | | | | | | |
| _ | immigration status on the last day of the tax year. | | | | - | | | | | | | | |
| F | Have you ever changed your visa type (nonimmigrant | | J.S. immigi | ration status? | | Yes | ⊠ No | | | | | | |
| | If you answered "Yes," indicate the date and nature of the change: | | | | | | | | | | | | |
| G | List all dates you entered and left the United States do | uring 2022. | See instru | ctions. | | | | | | | | | |
| | Note: If you're 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 Date departed United S | States | | Date entered United State | s Date depa | arted Unite | d States | | | | | | |
| | mm/dd/yy mm/dd/yy | | | mm/dd/yy | | mm/dd/yy | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Н | Give number of days (including vacation, nonworkdays, | and partial | days) you v | vere present in the United S | States during: | | | | | | | | |
| | 2020, 2021 | | , and | 12022 365 | | | | | | | | | |
| I | Did you file a U.S. income tax return for any prior year | | | | | X Yes | ☐ No | | | | | | |
| | If "Yes," give the latest year and form number you file | d: | | 1040NR | | | | | | | | | |
| J | Are you filing a return for a trust? | | | | | ☐ Yes | ⊠ No | | | | | | |
| | If "Yes," did the trust have a U.S. or foreign owner u | | | | | | | | | | | | |
| | U.S. person, or receive a contribution from a U.S. person | | | | | ☐ Yes | ☐ No | | | | | | |
| K | Did you receive total compensation of \$250,000 or mo | ore during tl | he tax yea | r? | | ☐ Yes | ⊠ No | | | | | | |
| | If "Yes," did you use an alternative method to determi | ne the sour | ce of this | compensation? | | ☐ Yes | ☐ No | | | | | | |
| L | Income Exempt From Tax-If you are claiming exer | nption from | income t | ax under a U.S. income | tax treaty with | a foreigr | ı country, | | | | | | |
| | complete (1) through (3) below. See Pub. 901 for more | informatio | n on tax tr | eaties. | | | | | | | | | |
| 1 | . Enter the name of the country, the applicable tax treaty | | | | claimed the tre | eaty benefi | it, and the | | | | | | |
| | amount of exempt income in the columns below. Attack | n Form 8833 | 3 if require | d. See instructions. | | | | | | | | | |
| | (a) Country | (b) Tax | k treaty arti | 1 | | | | | | | | | |
| | | | | claimed in prior tax ye | ars income i | n current t | ax year | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | 1) = | | | | | | | | | | | | |
| | (e) Total. Enter this amount on Form 1040-NR, line 1 | | - | | | | | | | | | | |
| 2 | , , , | | | | | ∐ Yes | ∐ No | | | | | | |
| 3 | . Are you claiming treaty benefits pursuant to a Compe | | - | | | Yes | ⊠ No | | | | | | |
| | If "Yes," attach a copy of the Competent Authority de | termination | letter to yo | our return. | | | | | | | | | |
| M | Check the applicable box if: | | | | | | | | | | | | |
| 1 | This is the first year you are making an election to treat | | | | | | onnected | | | | | | |
| | with a U.S. trade or business under section 871(d). Se | | | | | | 🗀 | | | | | | |
| 2 | You have made an election in a previous year that I | | | | | | | | | | | | |
| | States as effectively connected with a U.S. trade or be | und Szemiek | ier section | or r(u). See instructions. | | | 🔲 | | | | | | |