## 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.

Submission Identification Number (SID)

T.....

| Taxpayer's name  | Social security number          |
|--|---------------------------------|
| RAMYA BURGULA  | 708-23-5529                     |
| Spouse's name  | Spouse's social security number |
| Part I Tax Return Information – Tax Year Ending December 31, 2022 (Enter         | year you are authorizing.)      |
| Enter whole dollars only on lines 1 through 5.                                   | <u> </u>                        |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.     |                                 |
| <b>1</b> Adjusted gross income   | <b>1</b> 36,923.                |
| <b>2</b> Total tax   | <b>2</b> 2,672.                 |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099                  | · · · <b>3</b> 5,771.           |
| 4 Amount you want refunded to you  | 4 3,099.                        |
| <b>5</b> Amount you owe  | 5                               |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and ke | eep a copy of your return)      |

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

| X I authorize GLOBAL TAXES LLC to enter or generate my PIN |  |
|--|--|

| 3          | 5     | 5 | 2 | 9 |  |
|------------|-------|---|---|---|--|
| Ent<br>don | as my |   |   |   |  |

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Date 🕨

#### Spouse's PIN: check one box only

I authorize

| to enter | or | generate | my | PIN |
|----------|----|----------|----|-----|

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's signature >   | Date ►   |  |
|--|--|--|
| Practitioner PIN Method Return   | is Only—continue below   |  |
| Part III Certification and Authentication – Practitioner P                     | N Method Only  |  |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit s | elf-selected PIN. 2 2 2 4 9 6 6 1 9 8 9<br>Don't enter all zeros |  |

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

| ERO's signature >   |                           | Date 🕨           |                          |
|---|---------------------------|------------------|--------------------------|
| ERO Must Retain This Form — See Instructions<br>Don't Submit This Form to the IRS Unless Requested To Do So |                           |                  |                          |
| For Denomyork Paduation Act Nation and your tax   | roturn instructions - · · | REV 02/14/22 RRO | Form 8879 (Pov. 01 2021) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/14/23 PRO

| <b>1040</b>                                | )-[      | U.S. Nonresident Al   |            |                     | eturn      | 2022                     | OMB No. 1                             | 545-0074        | IRS U      | Jse Only—Do not write<br>staple in this space. |
|--|----------|---|------------|---------------------|------------|--------------------------|---------------------------------------|-----------------|------------|--|
| For the year Ja                            | n. 1–[   | Dec. 31, 2022, or other tax year beginn   | ning       |                     | , 2022, ei | nding                    |                                       | , 20            | _          | See separate instructions.                     |
| Filing<br>Status<br>Check only<br>one box. |          | Single Arried filing separately (MFS) Qualifying surviving spouse (QSS) u checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent: |            |                     |            |                          |                                       |                 | state      | Trust  |
| Your first name                            | and      | middle initial  | Last na    | me                  |            |                          |                                       | Your i          | denti      | ifying number                                  |
|  |          |   |            |                     |            |                          |                                       | (see in         | struc      | tions)   |
| RAMYA                                      |          |   | BURG       | JLA                 |            |                          |                                       | 708             | -23        | -5529  |
| Home address                               | (num     | ber and street). If you have a P.O. box   | , see inst | ructions.           |            |                          |                                       |                 |            | Apt. no.                                       |
| 2323 N WC                                  |          |   |            |                     |            |                          |                                       |                 |            |  |
|  | ost o    | ffice. If you have a foreign address, al  | so compl   | ete spaces belov    | ν.         |                          | State                                 |                 |            | code   |
| WICHITA                                    |          |   |            |                     |            |                          | KS                                    |                 |            | 220  |
| Foreign country                            | / nam    | le  | Foreign    | province/state/o    | county     |                          | Foreign                               | postal c        | ode        |  |
|  |          |   |            |                     |            |                          |                                       |                 |            |  |
| Digital Assets                             |          | ny time during 2022, did you: (a) rece<br>erwise dispose of a digital asset (or a f   |            |                     |            |                          |                                       |                 |            |  |
| Densedente                                 | -        |   |            | nierest in a digita |            |                          | · · · · · · · · · · · · · · · · · · · |                 |            | ualifies for (see inst.):                      |
| Dependents<br>(see instructions)           |          |   |            | (2) Dependen        | t's        |                          |                                       |                 | 1          | Credit for other                               |
|  | ·        | (1) First name Last name  |            | identifying nun     | nber       | (3) Relationship to      | you Cn                                | ild tax cre     | αιτ        | dependents                                     |
| If more than four                          |          |   |            |                     |            |                          |                                       |                 |            |  |
| dependents, see                            |          |   |            |                     |            |                          |                                       |                 |            | <u> </u>                                       |
| instructions and                           |          |   |            |                     |            |                          |                                       |                 |            |  |
| check here                                 | 4.0      |   | . 1 (      |                     |            |                          |                                       |                 |            |  |
| Income                                     | 1a<br>⊾  | Total amount from Form(s) W-2, box  |            |                     |            |                          |                                       |                 |            | 36,923.  |
| Effectively                                | b<br>c   | Household employee wages not rep<br>Tip income not reported on line 1a (  |            |                     |            |                          |                                       |                 |            |  |
| Connected<br>With U.S.                     | d        | Medicaid waiver payments not repo   |            |                     |            |                          |                                       |                 | _          |  |
| Trade or                                   | e        | Taxable dependent care benefits fro   |            |                     |            |                          |                                       |                 | -          |  |
| Business                                   | f        | Employer-provided adoption benefit  |            |                     |            |                          |                                       | . 1             | _          |  |
| Duomooo                                    | g        | Wages from Form 8919, line 6  |            |                     |            |                          |                                       | . 19            | 9          |  |
| Attach<br>Form(s) W-2,                     | h        | Other earned income (see instructio   |            |                     |            |                          |                                       |                 | n          |  |
| 1042-S,                                    | i        | Reserved for future use   |            |                     |            | . 1i                     |                                       |                 |            |  |
| SSA-1042-S,                                | j        | Reserved for future use   |            |                     |            |                          |                                       | . 1             | j          |  |
| RRB-1042-S,<br>and 8288-A                  | k        | Total income exempt by a treaty from  | m Schedu   | ule OI (Form 104)   | D-NR), ite | m L,                     |                                       |                 |            |  |
| here. Also                                 |          | line 1(e)   |            |                     |            | . <b>1k</b>              |                                       |                 |            |  |
| attach<br>Form(s)                          | z        | Add lines 1a through 1h   |            |                     |            |                          |                                       |                 |            | 36,923.  |
| 1099-R if                                  | 2a       | Tax-exempt interest 2a  |            |                     |            | ble interest             |                                       |                 | -          |  |
| tax was<br>withheld.                       | 3a       | Qualified dividends 3a  |            |                     |            | hary dividends .         |                                       |                 | -          |  |
| lf you did not                             | 4a<br>5a | IRA distributions 4a<br>Pensions and annuities 5a   |            |                     |            | ble amount<br>ble amount |                                       |                 | -          |  |
| get a Form                                 | 5a<br>6  |   |            |                     |            |                          |                                       | . 6             | _          |  |
| W-2, see                                   | 7        | Reserved for future use   |            |                     |            |                          |                                       |                 |            |  |
| instructions.                              | 8        | Other income from Schedule 1 (Forr  |            | , ,                 |            | -                        |                                       |                 | _          |  |
|  | 9        | Add lines 1z, 2b, 3b, 4b, 5b, 7, and  | ,.         |                     |            |                          |                                       |                 |            | 36,923.  |
|  | 10       | Adjustments to income:  |            |                     |            |                          |                                       |                 |            | · · · ·  |
|  | а        | From Schedule 1 (Form 1040), line 2   | 26         |                     |            | . 10a                    |                                       |                 |            |  |
|  | b        | Reserved for future use   |            |                     |            | . 10b                    |                                       |                 |            |  |
|  | С        | Reserved for future use   |            |                     |            |                          |                                       |                 |            |  |
|  | d        | Enter the amount from line 10a. The   |            |                     |            |                          |                                       |                 |            |  |
|  | 11       | Subtract line 10d from line 9. This is  |            |                     |            |                          |                                       |                 | 1          | 36,923.  |
|  | 12       | Itemized deductions (from Schedu  |            |                     |            |                          |                                       |                 |            | 10 0-5   |
|  | 10-      | deduction (see instructions)  |            |                     |            | 1 1                      | n_US/India_Tr                         | eąty <b>1</b> : | ۷          | 12,950.  |
|  | 13a<br>b | Qualified business income deductio<br>Exemptions for estates and trusts of  |            |                     |            |                          |                                       |                 |            |  |
|  | b<br>D   | Add lines 13a and 13b   |            | ,                   |            |                          |                                       | . 13            | c          |  |
|  | 14       |   |            |                     |            |                          |                                       |                 |            | 12,950.  |
|  | 15       | Subtract line 14 from line 11. If zero  |            |                     |            |                          |                                       |                 |            | 23,973.  |
| E. Dissis                                  |          | av Act and Denominant's Reduction Act   |            |                     |            |                          |                                       |                 | - <u> </u> | - 1040 ND (0000)                               |

| Form 1040-NR (                       | 2022)         |  |                 |                          |               | Page <b>2</b>                       |
|--------------------------------------|---------------|--|-----------------|--------------------------|---------------|-------------------------------------|
| Tax and                              | 16            | Tax (see instructions). Check if any from Form(s): 1 2 8814 2 497  | 2 3             |                          | 16            | 2,672.                              |
| Credits                              | 17            | Amount from Schedule 2 (Form 1040), line 3   |                 |                          | 17            | 0.                                  |
|                                      | 18            | Add lines 16 and 17  |                 |                          | 18            | 2,672.                              |
|                                      | 19            | Child tax credit or credit for other dependents from Schedule 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 zero or less, enter -0   |                 |                          | 22            | 2,672.                              |
|                                      | <b>23</b> a   | Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15  | 23a             |                          |               |                                     |
|                                      | b             | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21   | 23b             |                          |               |                                     |
|                                      | с             | Transportation tax (see instructions)  | 23c             |                          |               |                                     |
|                                      | d             | Add lines 23a through 23c  |                 |                          | 23d           |                                     |
|                                      | 24            | Add lines 22 and 23d. This is your total tax   |                 |                          | 24            | 2,672.                              |
| Payments                             | 25            | Federal income tax withheld from:  |                 |                          |               |                                     |
| 2                                    | а             | Form(s) W-2  | 25a 5           | 5,771.                   |               |                                     |
|                                      | b             | Form(s) 1099   | 25b             |                          |               |                                     |
|                                      | с             | Other forms (see instructions)   | 25c             |                          |               |                                     |
|                                      | d             | Add lines 25a through 25c  |                 |                          | 25d           | 5,771.                              |
|                                      | е             | Form(s) 8805   |                 |                          | 25e           |                                     |
|                                      | f             | Form(s) 8288-A   |                 |                          | 25f           |                                     |
|                                      | g             | Form(s) 1042-S   |                 |                          | 25g           |                                     |
|                                      | 26            | 2022 estimated tax payments and amount applied from 2021 return  |                 |                          | 26            |                                     |
|                                      | 27            | Reserved for future use  | 27              |                          |               |                                     |
|                                      | 28            | Additional child tax credit from Schedule 8812 (Form 1040)   | 28              |                          |               |                                     |
|                                      | 29            | Credit for amount paid with Form 1040-C  | 29              |                          |               |                                     |
|                                      | 30            | Reserved for future use  | 30              |                          |               |                                     |
|                                      | 31            | Amount from Schedule 3 (Form 1040), line 15  | 31              |                          |               |                                     |
|                                      | 32            | Add lines 28, 29, and 31. These are your total other payments and refundation  |                 |                          | 32            |                                     |
|                                      | 33            | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments .  |                 |                          | 33            | 5,771.                              |
| Refund                               | 34            | If line 33 is more than line 24, subtract line 24 from line 33. This is the amour  | •               |                          | 34            | 3,099.                              |
|                                      | 35a           | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, chec   |                 |                          | 35a           | 3,099.                              |
| Direct deposit?<br>See instructions. | b             |  | Checking        | Savings                  |               |                                     |
|                                      | d             | Account number 6 9 6 9 6 2 6 7 6   |                 |                          |               |                                     |
|                                      | е             | If you want your refund check mailed to an address outside the United State<br>enter it here.  | ·               |                          | _             |                                     |
|                                      | 36            | Amount of line 34 you want applied to your 2023 estimated tax  | 36              |                          |               |                                     |
| Amount                               | 37            | Subtract line 33 from line 24. This is the <b>amount you owe</b> .   |                 |                          |               |                                     |
| You Owe                              |               | For details on how to pay, go to www.irs.gov/Payments or see instructions .  | · · · · ·       | • •                      | 37            |                                     |
|                                      | 38            | Estimated tax penalty (see instructions)   | 38              |                          |               |                                     |
| Third                                |               | ou want to allow another person to discuss this return with the IRS? See instru  |                 | es. Compl                |               | . 🛛 🗙 No                            |
| Party<br>Designee                    | Desig<br>name |  |                 | nal identifi<br>er (PIN) | cation        |                                     |
|                                      |               | penalties of perjury, I declare that I have examined this return and accompanying schedu they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on the true of t |                 |                          |               |                                     |
| Sign<br>Here                         | Your          | signature Date Your occupation   |                 |                          |               | you an Identity<br>I, enter it here |
|                                      |               | SOFTWARE D   | EVELOPER        |                          | inst.)        |                                     |
|                                      | Phone         | e no. Email address  |                 | !                        |               |                                     |
| Paid                                 | Prepa         | arer's name Preparer's signature   | Date            | PTIN                     | Cł            | neck if:                            |
|                                      |               | SYAM PRIYA RAM SAGAR GUPTA TALLAM  | 02/18/2023      | P02082                   | <u>2703</u> [ | Self-employed                       |
| Preparer                             | Firm's        | s name SYAMIREMATRAMAR GURTE TALLAM  |                 | Phone n                  | . (678        | )965-9522                           |
| Use Only                             | Firm's        | address 245 ROONEY CT E BRUNSWICK NJ 08816   |                 | Firm's El                |               | 3171965                             |
| Go to www.irs.g                      | gov/Fo        | rm1040NR for instructions and the latest information.  | REV 02/14/23 PR | 0                        | Form          | 1040-NR (2022)                      |

### SCHEDULE NEC (Form 1040-NR)

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

OMB No. 1545-0074

2

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Attach to Form 1040-NR.



Name shown on Form 1040-NR DAMVA DIIDCIII A

Your identifying number

708-23-5529

| RAMIA     | BURGULA        |             |             |           |          |            |      |
|-----------|----------------|-------------|-------------|-----------|----------|------------|------|
| Enter amo | ount of income | under the a | appropriate | e rate of | tax. See | instructio | ons. |

|                    | Noture of Income   | Nature of Income | <b>(a)</b> 10%                     | <b>(b)</b> 15%      | (c) 30%                        | (d) Other (specify)  |   |  |
|--------------------|--|------------------|------------------------------------|---------------------|--------------------------------|--|---|--|
|                    | Nature of Income   |                  | (a) 10%                            | (b) 13%             | (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   | <b>2</b> a       |                                    |                     |                                |  |   |  |
| 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 column  |                  |                                    |                     |                                | NR, line 23a <b>15</b>   |   |  |
|                    | Capital Gains and Losses F   | rom              | Sales or Excha                     | nges of Proper      | ty                             |  |   |  |
| losses f<br>exchan | Inly the capital gains and<br>rom property sales or<br>ges that are from sources<br>he United States and not       16       (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below)       (b) Date acqu<br>mm/dd/yy |                  | <b>(c)</b> Date sold<br>mm/dd/yyyy | (d) Sales price     | <b>(e)</b> Cost or other basis | (f) LOSS<br>If (e) is more than (d),<br>subtract (d) from (e). | <b>(g) GAIN</b><br>If (d) is more than (e),<br>subtract (e) from (d). |  |
|                    | ely connected with a U.S.<br>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            | ·  |                  |                                    |                     |                                |  |   |  |
|                    | property sales or ges that are effectively   |                  |                                    |                     |                                |  |   |  |
| connec             | ted with a U.S. business <b>17</b> Add columns (f) and (g) of line 16  |                  |                                    |                     | 17                             |  |   |  |
| Form 4             | <b>18 Capital gain.</b> Combine columns (f) and (g) of line 17   | '. Ente          | er the net gain here               | e and on line 9 abo | ove. If a loss, enter          | r-0 <b>18</b>  |   |  |
|                    |  |                  |                                    |                     |                                |  |   |  |

| SCHE  | DULE   | ΟΙ  |
|-------|--------|-----|
| (Form | 1040-N | IR) |

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Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR RAMYA BURGULA

## **Other Information**

OMB No. 1545-0074

X No

| Go to www.irs.gov/Form1040NR for ins | structions and the | latest information |
|--------------------------------------|--------------------|--------------------|
|--------------------------------------|--------------------|--------------------|

| 1040-NR)       Go to www.irs.gov/Form1040NR for instructions and the latest information.         ent of the Treasury levenue Service       Attach to Form 1040-NR.         Answer all questions.       Answer all questions. |   |               | 2022<br>Attachment<br>Sequence No. 7C |      |
|--|---|---------------|---------------------------------------|------|
| own on Form 1040   | -NR   | Your identify | ying number                           |      |
| A BURGULA  |   | 708-23        | -5529                                 |      |
| Of what country  | y or countries were you a citizen or national during the tax year? INDIA              |               |                                       |      |
| In what country  | y did you claim residence for tax purposes during the tax year? United States         |               |                                       |      |
| Have you ever a  | applied to be a green card holder (lawful permanent resident) of the United States? . |               | . 🗌 Yes                               | 🛛 No |
| Were you ever:   |   |               |                                       |      |
| A U.S. citizen?  |   |               | . 🗌 Yes                               | 🛛 No |
| A green card ho  | older (lawful permanent resident) of the United States?                               |               | . Yes                                 | XNo  |

| 1. | A U.S. citizen?   | Yes   |  |  |  |
|----|---|-------|--|--|--|
| 2. | A green card holder (lawful permanent resident) of the United States?                                 | 🗌 Yes |  |  |  |
|    | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. |       |  |  |  |

| E | If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. |     |
|---|---|-----|
|   | immigration status on the last day of the tax yearF1  |     |
| F | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?                              | Yes |

If you answered "Yes," indicate the date and nature of the change:

G List all dates you entered and left the United States during 2022. See instructions.

Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, Canada Mexico

check the box for Canada or Mexico and skip to item H

| Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy |                 |               | ed United States<br>n/dd/yy | Date de       | parted Unite<br>mm/dd/yy | d States |
|--|---|-----------------|---------------|-----------------------------|---------------|--------------------------|----------|
|  |   |                 |               |                             |               |                          |          |
|  |   |                 |               |                             |               |                          |          |
|  |   |                 |               |                             |               |                          |          |
| Give number of davs (including         | vacation, nonworkdays, and pa           | rtial davs) vou | were present  | in the United S             | tates during: | :                        |          |
| , , ,                                  | , 2021                                  |                 |               |                             | 0             |                          |          |
| Did you file a U.S. income tax         | return for any prior year?              |                 |               |                             |               | <b>Yes</b>               | 🗙 No     |
| If "Yes," give the latest year a       | nd form number you filed:               |                 |               |                             |               | _                        |          |
| Are you filing a return for a tru      | st?                                     |                 |               |                             |               | <b>Yes</b>               | 🛛 No     |
| If "Yes," did the trust have a         | U.S. or foreign owner under th          | e grantor trus  | t rules, make | a distribution              | or loan to a  | l                        |          |
| U.S. person, or receive a cont         | ribution from a U.S. person? .          |                 |               |                             |               | Yes                      | 🗌 No     |
| Did you receive total compens          | sation of \$250,000 or more duri        | ing the tax yea | ar?           |                             |               | Yes                      | 🗙 No     |
| lf "Yes." did vou use an altern        | ative method to determine the           | source of this  | compensatio   | on?                         |               | 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 1k. D   | Do not enter it anywher   | e else on line 1                                |   |  |  |
| 2. | Were you subject to tax in a foreign country on any of the   | e income shown in 1(d)    | above?  | 🗌 Yes 🗌 No                                      |  |  |
| 3. | Are you claiming treaty benefits pursuant to a Competent Authority determination?  |                           |   |   |  |  |
|    | If "Yes," attach a copy of the Competent Authority deterr  | mination letter to your r | eturn.  |   |  |  |
|    | Check the applicable box if:   |                           |   |   |  |  |
| 1. | This is the first year you are making an election to treat in with a U.S. trade or business under section 871(d). See in |                           |   |   |  |  |
| 2. | You have made an election in a previous year that has<br>States as effectively connected with a U.S. trade or busin      |                           |   |   |  |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

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