## 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  | levertue del vice   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|--|
| Submis  | ssion Identification Number (SID)   |   |   |   |   |   |  |
| Taxpayer  | r's name  | Social  | security  | / numbe   | er  |   |  |
| NIHA  | ARIKA ANDHRAPU  | 30:   | 2-33-   | 3466  |   |   |  |
| Spouse's  | s name  | Spous   | e's soci  | al secui  | ity nu  | mber  |  |
| Part  | Tax Return Information — Tax Year Ending December 31, 2023  | <br>  | VOLL 2r   | tuc a   | oriz  | ina \   |  |
|   | whole dollars only on lines 1 through 5.  | c (Liller year  | you ai  | e auti  | 10112   | iiig.)  |  |
|   | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  |   |   |   |   |   |  |
|   | Adjusted gross income   |   |   | 1   |   | 24,   | 928.   |
|   | Total tax   |   | 1   | 2   |   |   | 109.   |
| 3   | Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |   |   | 3   |   | 2,  | 837.   |
| 4   | Amount you want refunded to you   |   |   | 4   |   |   | 728.   |
| 5   | Amount you owe  |   |   | 5   |   |   |  |
| Part I  | Taxpayer Declaration and Signature Authorization (Be sure you ge  | et and keep a   | сору  | of yo   | our r   | eturı   | า)   |
| return (o<br>to send<br>for any o<br>Agent to<br>payment<br>authorize<br>payment<br>business<br>taxes to<br>persona | wledge and belief, it is true, correct, and complete. I further declare that the amounts in Papriginal or amended) I am now authorizing. I consent to allow my intermediate service provide my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reast delay in processing the return or refund, and (c) the date of any refund. If applicable, I author initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution act of my federal taxes owed on this return and/or a payment of estimated tax, and the financial action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the treatment of the payment (settlement) date. I also authorize the financial institutions involve the receive confidential information necessary to answer inquiries and resolve issues related ali identification number (PIN) below is my signature for the income tax return (original or ame not income tax return (original or ame not income tax return). | r, transmitter, or on for rejection of ize the U.S. Treasount indicated in a linstitution to determinate the aution requests med in the proces to the payment | electro f the tra sury an the ta bit the uthoriza nust be sing of I furth | nic returnismiss and its do x preparentry to tion. To receive the element ack | irn ori<br>sion, (<br>esigna<br>aration<br>this<br>o revo<br>ed no<br>ctroni<br>nowle | ginato<br>b) the<br>ated F<br>accou<br>oke (ca<br>o later<br>c payredge t | or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of hat the |
|   | yer's PIN: check one box only   |   |   |   |   |   |  |
| X   | -   | enerate my PIN  | , [3]   | 3 4   | 6   | 6   | as my  |
| •••   | ERO firm name signature on the income tax return (original or amended) I am now authorizing.  | onorate my r n  | Ente  | er five d<br>'t enter   |   | out   | 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 <b>and</b> your return is filed using the Practitioner P below.  |   |   |   |   |   |  |
| Your si   | ignature ▶ D  | ate ▶   |   |   |   |   |  |
| Snouse  | e's PIN: check one box only   |   |   |   |   |   |  |
|   | _   | enerate my PIN  | ,   |   |   |   | as my  |
| Ш   | ERO firm name   | oriorate my r m   |   | er five d   | igits, l  |   | ao my  |
|   | signature on the income tax return (original or amended) I am now authorizing.  |   | don   | 't enter  | all zei   | ros   |  |
|   | I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner P below.  |   |   |   |   |   |  |
| Spouse  | e's signature ▶ □   | ate ▶   |   |   |   |   |  |
|   | Practitioner PIN Method Returns Only—continue   | e below   |   |   |   |   |  |
| Part II   | Certification and Authentication — Practitioner PIN Method Only   |   |   |   |   |   |  |
| ERO's   | <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.   | 2 2 2 4   | 9 6   | 5 0   | 8 2   | 2 7   | 1  |
|   |   |   | n't ente  | r all zer   | os  |   |  |
| authoriz  | that the above numeric entry is my PIN, which is my signature for the electronic individual is that the above numeric entry is my PIN, which is my signature for the electronic individual is that the description of the practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providence.   | am submitting th  | nis retui   | rn in ac  | cord  | anće v  |  |
| ERO's   | signature ▶ □   | ate ►   |   |   |   |   |  |
|   | ERO Must Retain This Form — See Instruct  | ions  |   |   |   |   |  |
|   | Don't Submit This Form to the IRS Unless Request  |   |   |   |   |   |  |

# Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

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

| For the year Jan. 1–Dec. 31, 2023, or other tax year beginning, 2023, ending                            |                                    |   |                 |                        |                        | ,      | 20          | See separate instructions.               |  |  |
|---|------------------------------------|---|-----------------|------------------------|------------------------|--------|-------------|--|--|--|
| Your first name and middle initial  |                                    |   |                 |                        |                        |        |             | our identifying number see instructions) |  |  |
| NIHARIKA  |                                    |   | ANDH            | RAPII                  |                        |        | 302-        | 302-33-3466                              |  |  |
| Home address (number and street). If you have a P.O. box.   |                                    |   |                 |                        |                        |        | 302         | Apt. no.                                 |  |  |
| 189 GARDEN DR   |                                    |   |                 |                        |                        |        |             | 13                                       |  |  |
| City, town, or p  | ost of                             | fice. If you have a foreign address, als  | so comp         | lete spaces below.     |                        | State  |             | ZIP code                                 |  |  |
| MANCHESTE   |                                    | ,   |                 |                        |                        | NH     |             | 03102                                    |  |  |
| Foreign country name Foreign province/state/county Foreign posts  |                                    |   |                 |                        |                        |        | oostal co   |  |  |  |
| ,   | 1. S. Sign province, state, sount, |   |                 |                        |                        |        |             |  |  |  |
| Filing<br>Status  | X                                  |   | tate            |                        |                        |        |             |  |  |  |
| Check only one box.   |                                    | you checked the QSS box, enter the c  | endent:         |                        |                        |        |             |  |  |  |
| Digital Assets  |                                    | ny time during 2023, did you: (a) recei<br>rwise dispose of a digital asset (or a f |                 |                        |                        |        |             | exchange, or .                           |  |  |
| Dependents  |                                    |   |                 |                        |                        | (4) Ch | eck the box | if qualifies for (see inst.):            |  |  |
| (see instructions):   |                                    | 40 <del>-</del>   |                 | (2) Dependent's        |                        | Chil   | d tax credi | Credit for other                         |  |  |
|   |                                    | (1) First name Last name  |                 | identifying number     | (3) Relationship to yo | Ju     |             | dependents                               |  |  |
| If more than four   |                                    |   |                 |                        |                        |        | -           |  |  |  |
| dependents, see   |                                    |   |                 |                        |                        |        | -           |  |  |  |
| instructions and check here   |                                    |   |                 |                        |                        |        |             |  |  |  |
|   | 1a                                 | Total amount from Form(s) W-2, box  | 1 (see i        | netructions)           |                        |        | . 1a        | 24,928.                                  |  |  |
| Income  | b                                  | Household employee wages not rep  | `               | ,                      |                        |        |             | 21,520.                                  |  |  |
| Effectively Connected   | C                                  | Tip income not reported on line 1a (s   |                 | . ,                    |                        |        |             |  |  |  |
| With U.S.   | d                                  | Medicaid waiver payments not report   |                 | *                      |                        |        |             |  |  |  |
| Trade or  | e                                  | Taxable dependent care benefits fro   |                 | , , ,                  | *                      |        | . 1e        |  |  |  |
| Business  | f                                  | Employer-provided adoption benefit  |                 | *                      |                        |        | . 1f        |  |  |  |
| Dusiness  | g                                  | Wages from Form 8919, line 6  | . 1g            |                        |                        |        |             |  |  |  |
| Attach  | h                                  | Other earned income (see instruction  | . 1h            |                        |                        |        |             |  |  |  |
| Form(s) W-2,<br>1042-S,   | i                                  | Reserved for future use   |                 |                        |                        |        |             |  |  |  |
| SSA-1042-S,   | j                                  | Reserved for future use   | . 1j            |                        |                        |        |             |  |  |  |
| RRB-1042-S,<br>and 8288-A<br>here. Also   | k                                  | Total income exempt by a treaty from line 1(e)                                      |                 |                        |                        |        |             |  |  |  |
| attach  | z                                  | Add lines 1a through 1h   | , .             |                        |                        |        | . 1z        | 24,928.                                  |  |  |
| Form(s)<br>1099-R if  | 2a                                 | Tax-exempt interest 2a  | .               | <b>b</b> Tax           | able interest          |        | . 2b        |  |  |  |
| tax was   | За                                 | Qualified dividends 3a  | 1               | <b>b</b> Ord           | inary dividends .      |        | . 3b        |  |  |  |
| withheld.   |                                    |   |                 |                        |                        |        |             |  |  |  |
| If you did not  | 5a                                 | Pensions and annuities 5a   | . 5b            |                        |                        |        |             |  |  |  |
| get a Form<br>W-2, see  | 6                                  | Reserved for future use   | . 6             |                        |                        |        |             |  |  |  |
| instructions.   | 7                                  | Capital gain or (loss). Attach Schedu   | •               |                        | •                      |        |             |  |  |  |
|   | 8                                  | Additional income from Schedule 1   |                 |                        |                        |        |             |  |  |  |
| <b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your <b>total effectively connected income</b> |                                    |   |                 |                        |                        |        | . 9         | 24,928.                                  |  |  |
|   | 10                                 | Adjustments to income from Sched <b>income</b>                                      | ,:              |                        |                        |        |             |  |  |  |
|   | 11                                 | Subtract line 10 from line 9. This is y   | our <b>adju</b> | sted gross income      |                        |        | . 11        | 24,928.                                  |  |  |
|   | 12                                 | <b>Itemized deductions</b> (from Schedu deduction (see instructions)                |                 | 13,850.                |                        |        |             |  |  |  |
|   | 13a                                | Qualified business income deduction   | n from F        | orm 8995 or Form 8995- |                        |        |             |  |  |  |
|   | b                                  | Exemptions for estates and trusts or  | nly (see i      | nstructions)           | 13b                    |        |             |  |  |  |
|   | С                                  | Add lines 13a and 13b   |                 |                        |                        |        | . 13c       |  |  |  |
|   | 14                                 |   |                 |                        |                        |        |             | 13,850.                                  |  |  |
| 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income                 |                                    |   |                 |                        |                        |        |             | 11,078.                                  |  |  |

| Form 1040-NR (    | 2023)   |  |                    |                    |   |   |           |          | Page <b>2</b>                             |
|-------------------|---|--|--------------------|--------------------|---|---|-----------|----------|---|
| Tax and           | 16  | Tax (see instructions). Check if ar                              | y from Foi         | rm(s): <b>1</b>    | 314 <b>2</b> 497                        | ′2 <b>3</b> 🗌                                   |           | 16       | 1,109.                                    |
| Credits           | 17  | Amount from Schedule 2 (Form                                     | 1040), line        | 3                  |   |   |           | 17       | 0.  |
|                   | 18  | Add lines 16 and 17  |                    |                    |   |   |           | 18       | 1,109.                                    |
|                   | 19  | Child tax credit or credit for other                             | 19                 |                    |   |   |           |          |   |
|                   | 20  | Amount from Schedule 3 (Form                                     | 20                 |                    |   |   |           |          |   |
|                   | 21  | Add lines 19 and 20  |                    |                    |   |   |           | 21       |   |
|                   | 22  | Subtract line 21 from line 18. If z                              | ero or less        | s, enter -0        |   |   |           | 22       | 1,109.                                    |
|                   | 23a   | Tax on income not effectively co<br>Schedule NEC (Form 1040-NR), |                    |                    |   | 23a   |           |          |   |
|                   | b   | Other taxes, including self-empl 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 yo                                 | ur <b>total ta</b> | x                  |   |   |           | 24       | 1,109.                                    |
| <b>Payments</b>   | 25  | Federal income tax withheld from                                 | n:                 |                    |   |   |           |          |   |
| -                 | а   | Form(s) W-2  |                    |                    |   | 25a   | 2,837.    |          |   |
|                   | b   | Form(s) 1099   |                    |                    |   | 25b   |           |          |   |
|                   | С   | Other forms (see instructions) .                                 |                    |                    |   | 25c   |           |          |   |
|                   | d   | Add lines 25a through 25c  |                    |                    |   |   |           | 25d      | 2,837.                                    |
|                   | е   | Form(s) 8805   |                    |                    |   |   |           | 25e      |   |
|                   | f   | Form(s) 8288-A   |                    |                    |   |   |           | 25f      |   |
|                   | g   | Form(s) 1042-S   |                    |                    |   |   |           | 25g      |   |
|                   | 26  | 2023 estimated tax payments ar                                   | nd amount          | applied from 20    | )22 return                              | , <u></u>                                       |           | 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                                 | n 1040-C           |                    |   | 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                                 | , and 32. T        | These are your to  | otal payments .                         |   |           | 33       | 2,837.                                    |
| Refund            | 34  | If line 33 is more than line 24, su                              |                    |                    |   | •   |           | 34       | 1,728.                                    |
|                   | 35a   | Amount of line 34 you want refu                                  | 🗆                  | 35a                | 1,728.                                  |   |           |          |   |
| Direct deposit?   | b   | Routing number 0 1 1 4   |                    |                    |   |   |           |          |   |
| See instructions. | d   | Account number 3 8 8 0   |                    |                    |   |   |           |          |   |
|                   | е   | If you want your refund check menter it here.                    |                    |                    |   |   |           |          |   |
|                   | 36  | Amount of line 34 you want app                                   |                    |                    |   | 36  |           |          |   |
| Amount            | 37  | Subtract line 33 from line 24. Th                                |                    | -                  |   |   |           |          |   |
| You Owe           |   | For details on how to pay, go to                                 | www.irs.g          | gov/Payments or    | see instructions.                       |   |           | 37       |   |
|                   | 38  | Estimated tax penalty (see instru                                | ıctions) .         |                    |   | 38  |           |          |   |
| Third             | Do yo   | ou want to allow another person to                               | discuss t          | his return with th | ne IRS? See instru                      | ctions. $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | es. Compl | ete belo | ow. 🗵 <b>No</b>                           |
| Party             | •   | Designee's Phone Personal ide name no. number (PIN               |                    |                    |   |   |           |          |   |
| Designee          | name  |  |                    |                    |   |   |           |          |   |
| Cian              | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which |  |                    |                    |   |   |           |          | has any knowledge.                        |
| Sign              | Your signature  |  |                    | Date               | Your occupation                         |   | <b>I</b>  |          | ent you an Identity<br>PIN, enter it here |
| Here              |   |  |                    |                    | <br> SOFTWARE E                         | NGINEER   |           | inst.)   | rin, enter it nere                        |
|                   | Phone   | e no   |                    | Email address      | 2011,1111111111111111111111111111111111 |   | , (500    |          |   |
| D-11              |   | urer's name  | Preparer           | 's signature       |   | Date  | PTIN      |          | Check if:                                 |
| Paid              | •   | PRIYA RAM SAGAR GUPTA TALLAM                                     |                    | ŭ                  | R GUPTA TALLAM                          |   | P02082    |          | Self-employed                             |
| Preparer          | Firm's name CIODAL TAVES LIC Phone n  |  |                    |                    |   |   |           |          | 78)965-9522                               |
| Use Only          |   | address 245 ROONEY (   |                    | SINSWICK N         | т 08816                                 |   | Firm's El |          | 4-3171965                                 |
|                   |   | 1010ND1 ' 1 NOUNEI (   | , , , , <u>, D</u> | COTADAATOK IN      | 0 00010                                 |   | , o El    | -        | 1040 ND (2000)                            |

BAA

#### **SCHEDULE NEC** (Form 1040-NR)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Name shown on Form 1040-NR Your identifying number NIHARIKA ANDHRAPU 302-33-3466 Enter **amount of income** under the appropriate rate of tax. See instructions.

| Nature of Income  |   | (a) 10% | <b>(b)</b> 15%   | (c) 30%                    | (d) Other (specify) |                             |                         |                         |  |  |
|---|---|---------|--|----------------------------|---------------------|-----------------------------|-------------------------|-------------------------|--|--|
|   |   |         | (a) 10%  | (b) 15%                    | (6) 30 %            | %                           | %                       |                         |  |  |
| 1   | Dividends and divide                          | nd eq   | uivalents:   |                            |                     |                             |                         |                         |  |  |
| а   | Dividends paid by U.                          | S. cor  | porations  |                            | 1a                  |                             |                         |                         |  |  |
| b   | Dividends paid by fo                          | reign d | corporations   |                            | 1b                  |                             |                         |                         |  |  |
| С   | Dividend equivalent p                         | aymer   | nts received with respect to section 871(m)  | transactions               | 1c                  |                             |                         |                         |  |  |
| 2   | Interest:                                     | -       |  |                            |                     |                             |                         |                         |  |  |
| а   | Mortgage                                      |         |  |                            | 2a                  |                             |                         |                         |  |  |
| b   |   |         | ns   |                            | 2b                  |                             |                         |                         |  |  |
| С   |   |         |  |                            | 2c                  |                             |                         |                         |  |  |
| 3   |   |         | , trademarks, etc.)  |                            | 3                   |                             |                         |                         |  |  |
| 4   | Motion picture or TV                          | copyr   | ight royalties   |                            | 4                   |                             |                         |                         |  |  |
| 5   | Other royalties (copy                         | rights, | recording, publishing, etc.)   |                            | 5                   |                             |                         |                         |  |  |
| 6   | Real property income                          | e and   | natural resources royalties  |                            | 6                   |                             |                         |                         |  |  |
| 7   | Pensions and annuiti                          | ies .   |  |                            | 7                   |                             |                         |                         |  |  |
| 8   |   |         |  |                            | 8                   |                             |                         |                         |  |  |
| 9   |   |         | elow   |                            | 9                   |                             |                         |                         |  |  |
| 10  |   | s of C  | anada only. Enter net income in column   |                            |                     |                             |                         |                         |  |  |
| а   | Winnings                                      |         | <u></u>  |                            |                     |                             |                         |                         |  |  |
| b   | Losses  |         | <u> </u>   |                            | 10c                 |                             |                         |                         |  |  |
| 11  | Note: Enter winnings                          | only.   | ountries other than Canada.<br>Losses aren't allowed   |                            | 11                  |                             |                         |                         |  |  |
| 12  | Other (specify):                              |         |  |                            |                     |                             |                         |                         |  |  |
|   |   |         |  |                            | 12                  |                             |                         |                         |  |  |
| 13  | •   |         | columns (a) through (d)  |                            | 13                  |                             |                         |                         |  |  |
| 14  |   |         | tax at top of each column  |                            | 14                  |                             |                         |                         |  |  |
| 15  | Tax on income not ef                          | ffectiv | ely connected with a U.S. trade or busine  | ess. Add colum             | ıns (a)             | through (d) of line 14      | 4. Enter the total here | and on Form 1040        | -NR, line 23a   <b>15</b>                                |  |
|   |   |         | Capital Gains a  | nd Losses F                | rom                 | Sales or Excha              | inges of Proper         | ty                      |  |  |
| 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 |   | 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/yyg |                     | (c) Date sold<br>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). |
|   |   |         |  |                            |                     |                             |                         |                         |  |  |
|   |   |         |  |                            |                     |                             |                         |                         |  |  |
| gains and losses on Schedule D  |   |         |  |                            |                     |                             |                         |                         |  |  |
| (Form 1   | •   |         |  |                            |                     |                             |                         |                         |  |  |
| exchan  | property sales or<br>ges that are effectively |         |  |                            |                     |                             |                         |                         |  |  |
| connected with a U.S. business on Schedule D (Form 1040),   |   |         |  |                            |                     |                             |                         |                         |  |  |
| Form 4797, or both.   |   | 18      | Capital gain. Combine columns (f) and  | d (g) of line 17           | '. Ente             | er the net gain her         | e and on line 9 abo     | ove. If a loss, ente    | er -0 <b>18</b>  |  |

## SCHEDULE OI (Form 1040-NR)

#### **Other Information**

Attach to Form 1040-NR.

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

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

|     | ne snown on Form 1040-NR   |   |                                      |                       |                      |              |  |  |  |  |  |  |
|-----|--|---|--------------------------------------|-----------------------|----------------------|--------------|--|--|--|--|--|--|
| NII | IARIKA ANDHRAPU  |   |                                      | 302-33-340            | 56                   |              |  |  |  |  |  |  |
| Α   | Of what country or countries were you a citizen or national during the tax year? INDIA   |   |                                      |                       |                      |              |  |  |  |  |  |  |
| В   | In what country did you claim residence for tax purpos   | In what country did you claim residence for tax purposes during the tax year? 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 L   |   | Yes                                  | ⊠ No<br>⊠ No          |                      |              |  |  |  |  |  |  |
|     | 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, enter your visa type. If you didn't have a visa, enter your U.S.  |   |                                      |                       |                      |              |  |  |  |  |  |  |
|     | immigration status on the last day of the tay year $-\pi_1$  |   |                                      |                       |                      |              |  |  |  |  |  |  |
| F   |  |   |                                      |                       |                      |              |  |  |  |  |  |  |
| •   | If you are your of Wy = 2 in the state of th |   |                                      |                       |                      |              |  |  |  |  |  |  |
| G   | List all dates you entered and left the United States duri   | ·   |                                      |                       |                      |              |  |  |  |  |  |  |
| G   | Note: If you're a resident of Canada or Mexico AND co  | -   |                                      | ont intonvale         |                      |              |  |  |  |  |  |  |
|     | check the box for Canada or Mexico and skip to item  |   |                                      | Mexico                |                      |              |  |  |  |  |  |  |
|     |  |   |                                      |                       |                      | 1.01.1       |  |  |  |  |  |  |
|     | Date entered United States Date departed United States mm/dd/yy mm/dd/yy   | ites Da   | te entered United States<br>mm/dd/yy |                       | ea United<br>n/dd/yy | ited States  |  |  |  |  |  |  |
|     | Піпі/асі/уу  |   | типи аал у у                         |                       | 11/ 44/ у у          |              |  |  |  |  |  |  |
|     |  |   |                                      |                       |                      |              |  |  |  |  |  |  |
|     |  |   |                                      |                       |                      |              |  |  |  |  |  |  |
|     |  |   |                                      |                       |                      |              |  |  |  |  |  |  |
|     |  |   |                                      |                       |                      |              |  |  |  |  |  |  |
| Н   | Give number of days (including vacation, nonworkdays, an   |   | •                                    | -                     |                      |              |  |  |  |  |  |  |
|     | 2021, 2022   | , and 202   | 23365                                | ··············        | _                    |              |  |  |  |  |  |  |
| ı   | Did you file a U.S. income tax return for any prior year?  |   |                                      |                       | ⊠ Yes                | ☐ No         |  |  |  |  |  |  |
|     | If "Yes," give the latest year and form number you filed:  | 104   | lonr                                 |                       | _                    |              |  |  |  |  |  |  |
| 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  |   |                                      | •                     | Yes                  | ☐ No         |  |  |  |  |  |  |
| K   | Did you receive total compensation of \$250,000 or more  | e during the tax year? .  |                                      | [                     | Yes                  | ⊠ No         |  |  |  |  |  |  |
|     | If "Yes," did you use an alternative method to determine   |   | •                                    |                       | Yes                  | ☐ No         |  |  |  |  |  |  |
| L   | Income Exempt From Tax-If you are claiming exempt  |   |                                      | tax treaty with a     | a foreign            | country,     |  |  |  |  |  |  |
|     | complete (1) through (3) below. See Pub. 901 for more i  |   |                                      |                       |                      |              |  |  |  |  |  |  |
| 1   | <ul> <li>Enter the name of the country, the applicable tax treaty a</li> </ul>   |   |                                      | claimed the trea      | ty benefit           | , and the    |  |  |  |  |  |  |
|     | amount of exempt income in the columns below. Attach   | Form 8833 if required. Se   | ee instructions.                     |                       |                      |              |  |  |  |  |  |  |
|     | (a) Country  | (b) Tax treaty article  | (c) Number of month                  | , ,                   |                      | nt of exempt |  |  |  |  |  |  |
|     |  |   | claimed in prior tax ye              | ars income in current |                      | x year       |  |  |  |  |  |  |
|     |  |   |                                      |                       |                      |              |  |  |  |  |  |  |
|     |  |   |                                      |                       |                      |              |  |  |  |  |  |  |
|     |  |   |                                      |                       |                      |              |  |  |  |  |  |  |
|     |  |   |                                      |                       |                      |              |  |  |  |  |  |  |
|     |  |   |                                      |                       |                      |              |  |  |  |  |  |  |
|     |  |   |                                      |                       |                      |              |  |  |  |  |  |  |
|     | (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1   |   |                                      |                       |                      |              |  |  |  |  |  |  |
| 2   |  |   |                                      |                       |                      |              |  |  |  |  |  |  |
| 3   | Are you claiming treaty benefits pursuant to a Competent Authority determination?  |   |                                      |                       |                      |              |  |  |  |  |  |  |
|     | If "Yes," attach a copy of the Competent Authority determination letter to your return.  |   |                                      |                       |                      |              |  |  |  |  |  |  |
| М   | Check the applicable box if:   | -   |                                      |                       |                      |              |  |  |  |  |  |  |
| 1   | . This is the first year you are making an election to treat   |   | rty located in the Unite             | d States as effe      | ctively co           | onnected     |  |  |  |  |  |  |
|     | with a U.S. trade or business under section 871(d). See  | instructions  |                                      |                       |                      | . 🗆          |  |  |  |  |  |  |
| 2   | . You have made an election in a previous year that ha   |   |                                      |                       |                      |              |  |  |  |  |  |  |
|     | States as effectively connected with a U.S. trade or bus   | iness under section 871   | I(d). See instructions .             | <u></u>               |                      | . 🗆          |  |  |  |  |  |  |