## 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

|  | 3.0.0.00   |  |   |   |   |  |
|--|--|--|---|---|---|--|
| Submis   | ssion Identification Number (SID)  |  |   |   |   |  |
| Taxpaye  | r's name   | Social securit   | y numb  | per   |   |  |
| SARA   | ATH KUMAR KOPPAKU  | 752-12-0933  |   |   |   |  |
| Spouse's   | s name   | Spouse's social security number  |   |   |   |  |
| Part   | Tax Return Information — Tax Year Ending December 31, 2023 (En   | ter year you a   | re aut  | thorizina   | )   |  |
|  | whole dollars only on lines 1 through 5.   | tor your you a   | o da  | unonzing.   | <i>)</i>  |  |
|  | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.   |  |   |   |   |  |
|  | Adjusted gross income  |  | 1   | 14  | ,215.   |  |
|  | Total tax  |  | 2   |   | 36.   |  |
| 3  | Federal income tax withheld from Form(s) W-2 and Form(s) 1099  |  | 3   | 1   | ,727.   |  |
| 4  | Amount you want refunded to you  |  | 4   | 1   | ,691.   |  |
|  | Amount you owe   |  | 5   |   |   |  |
| Part   | Taxpayer Declaration and Signature Authorization (Be sure you get an   | d keep a cop   | y of y  | our retu  | rn)   |  |
| return (or to send for any Agent to payment authorize payment business taxes to personal | wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is days prior to the payment (settlement) date. I also authorize the financial institutions involved in the process of the process o | smitter, or electrorejection of the trace U.S. Treasury andicated in the trace ution to debit the nate the authorizate equests must be the processing of e payment. I furt | onic retansmisted its of ax prepending its of ax prepending its of ax preceive the element of ax preceive receive element accept. | turn originatession, (b) the designated paration soft to this according to revoke (eved no late ectronic parknowledge | tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the |  |
|  | nic Funds Withdrawal Consent.  yer's PIN: check one box only   |  |   |   |   |  |
| X  |  | te my PIN  | 0 9   | 9 3 3   | as my   |  |
|  | ERO firm name signature on the income tax return (original or amended) I am now authorizing.   | ř Ent  |   | digits, but<br>r all zeros  | ao my   |  |
|  | I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN melbelow.   |  |   |   |   |  |
| Your si  | ignature ▶ Date ▶  | •  |   |   |   |  |
| Snous  | e's PIN: check one box only  |  |   |   |   |  |
|  | I authorize to enter or genera   | te my PIN  |   |   | as my   |  |
| ERO firm name Enter fiv  |  |  |   |   |   |  |
|  | signature on the income tax return (original or amended) I am now authorizing.   | do   | n't ente  | r all zeros   |   |  |
|  | I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN mobelow.   |  |   |   |   |  |
| Spouse   | e's signature ▶ Date ▶   | •  |   |   |   |  |
|  | Practitioner PIN Method Returns Only—continue belo   | )W   |   |   |   |  |
| Part I   | 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 4 9 Don't ente   | 6 0   | 8 2 7   | 1   |  |
|  |  | Don t end  | on an Ze  |   |   |  |
| authoriz   | that the above numeric entry is my PIN, which is my signature for the electronic individual incomed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of  | bmitting this retu   | rn in a   | accordance  |   |  |
| ERO's  | signature ▶ Date ▶   |  |   |   |   |  |
| 10 3   | ERO Must Retain This Form — See Instructions   |  |   |   |   |  |
|  | Don't Submit This Form to the IRS Unless Requested T   | o Do So  |   |   |   |  |

# E1040-NR 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 Ja   | n. 1–D   | ec. 31, 2023, or other tax year beginn   | ing        |                                 | , 2023,      | ending                 | ,        | 20            | instructions.                              |  |  |
|---|--|--|------------|---------------------------------|--------------|------------------------|----------|---------------|--|--|--|
| Your first name and middle initial  |  |  |            |                                 |              |                        |          |               | Your identifying number (see instructions) |  |  |
| SARATH KUMAR  |  |  | KOPP       | AKU                             |              |                        |          | 752-1         | 12-0933                                    |  |  |
| Home address (number and street). If you have a P.O. box, see instructions.             |  |  |            | tructions.                      |              |                        |          | •             | Apt. no.                                   |  |  |
| 6835 HURO   | ON A   | VE   |            |                                 |              |                        |          |               |  |  |  |
| City, town, or post office. If you have a foreign address, also complete spaces below.  |  |  |            |                                 |              | Z                      | ZIP code |               |  |  |  |
| HAMMOND   |  |  |            |                                 |              |                        | 46323    |               |  |  |  |
| Foreign country name Foreign province/state/county Foreign pos                          |  |  |            | postal cod                      | е            |                        |          |               |  |  |  |
|   | -  |  |            |                                 |              |                        |          |               |  |  |  |
| Filing<br>Status  | Single   |  |            |                                 |              |                        |          |               | ate 🗌 Trust                                |  |  |
| Check only one box.   | If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent: |  |            |                                 |              |                        |          |               |  |  |  |
| Digital Assets  | At a othe  | ny time during 2023, did you: (a) recei<br>erwise dispose of a digital asset (or a f |            |                                 |              |                        |          |               | xchange, or .  Yes  No                     |  |  |
| Dependents  | 5  |  |            |                                 |              |                        | (4) Ch   | eck the box   | if qualifies for (see inst.):              |  |  |
| (see instructions)  | :  | (1) First name Last name   |            | (2) Depender<br>identifying nur |              | (3) Relationship to yo | Chi      | ld tax credit | Credit for other dependents                |  |  |
|   |  | (i) i i ot mario   |            | (a) relationship to y           |              |                        |          |               | П  |  |  |
| If more than four   |  |  |            |                                 |              |                        |          | H             |  |  |  |
| dependents, see<br>instructions and   | -  |  |            |                                 |              |                        |          |               |  |  |  |
| check here  |  |  |            |                                 |              |                        |          | Ē             |  |  |  |
| Income  | 1a   | Total amount from Form(s) W-2, box   | 1 (see i   | nstructions) .                  |              |                        |          | . 1a          | 14,215.                                    |  |  |
| Effectively   | b  | Household employee wages not rep   | `          | ,                               |              |                        |          |               |  |  |  |
| Connected   | С  | Tip income not reported on line 1a (s  |            | . ,                             |              |                        |          |               |  |  |  |
| With U.S.   | d  | Medicaid waiver payments not report  | rted on F  | Form(s) W-2 (see                | instruc      | tions)                 |          | . 1d          |  |  |  |
| Trade or  | е  | Taxable dependent care benefits fro  | m Form     | 2441, line 26.                  |              |                        |          | . 1e          |  |  |  |
| Business  | f  | Employer-provided adoption benefit   | s from F   | orm 8839, line 2                | 9.           |                        |          | . 1f          |  |  |  |
|   | g  | <b>g</b> Wages from Form 8919, line 6  |            |                                 |              |                        |          |               |  |  |  |
| Attach<br>Form(s) W-2,  | h  | Other earned income (see instruction   | . 1h       |                                 |              |                        |          |               |  |  |  |
| 1042-S,   | i  | Reserved for future use  |            |                                 |              | 1i                     |          |               |  |  |  |
| SSA-1042-S,   | j  | Reserved for future use  |            |                                 |              |                        |          | . <u>1j</u>   |  |  |  |
| and 8288-A<br>here. Also  | 19 4/.)  |  |            |                                 |              |                        |          |               |  |  |  |
| attach  | z  | Add lines 1a through 1h  |            |                                 |              |                        |          | . 1z          | 14,215.                                    |  |  |
| Form(s)   | 2a   | Tax-exempt interest 2a   | ı          |                                 | <b>b</b> Ta  | kable interest         |          | . 2b          |  |  |  |
| 1099-R if tax was   | За   | Qualified dividends 3a   | 1          |                                 | <b>b</b> Ord | dinary dividends       |          | . 3b          |  |  |  |
| withheld.   | 4a   | IRA distributions 4a   | ı          |                                 | <b>b</b> Ta  | kable amount           |          | . 4b          |  |  |  |
| If you did not  | 5a   | Pensions and annuities 5a  | 1          |                                 | <b>b</b> Ta  | kable amount           |          | . 5b          |  |  |  |
| get a Form<br>W-2, see  | 6  | Reserved for future use  | . 6        |                                 |              |                        |          |               |  |  |  |
| instructions.   | 7  | Capital gain or (loss). Attach Schedu  | 7          |                                 |              |                        |          |               |  |  |  |
|   | 8  | Additional income from Schedule 1 (Form 1040), line 10                               |            |                                 |              |                        |          |               |  |  |  |
|   | 9  | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8   | . 9        | 14,215.                         |              |                        |          |               |  |  |  |
|   | Adjustments to income from Schedule 1 (Form 1040), line 26. These are your <b>total adjustments to income</b>  |  |            |                                 |              |                        |          |               |  |  |  |
|   | 11   | Subtract line 10 from line 9. This is y  | . 11       | 14,215.                         |              |                        |          |               |  |  |  |
|   | 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard           |  |            |                                 |              |                        |          |               |  |  |  |
|   |  | deduction (see instructions)   |            |                                 |              |                        | ndia Tre | aty <b>12</b> | 13,850.                                    |  |  |
|   | 13a  | Qualified business income deduction  | n from F   | orm 8995 or Fori                | n 8995       |                        |          |               |  |  |  |
|   | b  | Exemptions for estates and trusts or   | nly (see i | instructions) .                 |              | 13b                    |          |               |  |  |  |
|   | С  | <b>c</b> Add lines 13a and 13b   |            |                                 |              |                        |          |               |  |  |  |
|   | 14   |  |            |                                 |              |                        |          |               | 13,850.                                    |  |  |
| 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income |  |  |            |                                 |              | . 15                   | 365.     |               |  |  |  |

| Form 1040-NR (2   | 2023)  |  |                    |                          |                    |                       |         |          | Page <b>2</b>       |  |
|-------------------|--|--|--------------------|--------------------------|--------------------|-----------------------|---------|----------|---------------------|--|
| Tax and           | 16   | Tax (see instructions). Check if any   | / from For         | m(s): <b>1</b> 88        | 14 <b>2</b> 497    | 2 <b>3</b> 🗌          |         | 16       | 36.                 |  |
| Credits           | 17   | Amount from Schedule 2 (Form 1   |                    |                          |                    |                       |         | 17       | 0.                  |  |
|                   | 18   | Add lines 16 and 17  |                    | 18                       | 36.                |                       |         |          |                     |  |
|                   | 19   | Child tax credit or credit for other   | 19                 |                          |                    |                       |         |          |                     |  |
|                   | 20   | Amount from Schedule 3 (Form 1   |                    | 20                       |                    |                       |         |          |                     |  |
|                   | 21   | Add lines 19 and 20  |                    |                          |                    |                       |         | 21       |                     |  |
|                   | 22   | Subtract line 21 from line 18. If ze   | ero or less        | s, enter -0              |                    |                       |         | 22       | 36.                 |  |
|                   | 23a  | Tax on income not effectively con  | nected w           | rith a U.S. trade o      | or business from   |                       |         |          |                     |  |
|                   |  | Schedule NEC (Form 1040-NR), li  | ne 15 .            |                          |                    | 23a                   |         |          |                     |  |
|                   | b  | Other taxes, including self-emplo  | yment ta           | x, from Schedule         | e 2 (Form 1040),   |                       |         |          |                     |  |
|                   |  | line 21  |                    |                          |                    | 23b                   |         |          |                     |  |
|                   | С  | Transportation tax (see instruction  | ns)                |                          |                    | 23c                   |         |          |                     |  |
|                   | d  | Add lines 23a through 23c  |                    |                          |                    |                       |         | 23d      |                     |  |
|                   | 24   | Add lines 22 and 23d. This is you  | r total ta         | x                        |                    |                       |         | 24       | 36.                 |  |
| Payments          | 25   | Federal income tax withheld from   | 1:                 |                          |                    |                       |         |          |                     |  |
| •                 | а  | Form(s) W-2  |                    |                          |                    | 25a                   | 1,727.  |          |                     |  |
|                   | b  | Form(s) 1099   |                    |                          |                    | 25b                   |         |          |                     |  |
|                   | С  | Other forms (see instructions) .   |                    |                          |                    | 25c                   |         |          |                     |  |
|                   | d  | Add lines 25a through 25c  |                    |                          |                    |                       |         | 25d      | 1,727.              |  |
|                   | е  | Form(s) 8805   |                    |                          |                    |                       |         | 25e      |                     |  |
|                   | f  | Form(s) 8288-A   |                    |                          |                    |                       |         | 25f      |                     |  |
|                   | g  | Form(s) 1042-S   |                    |                          |                    |                       |         | 25g      |                     |  |
|                   | 26   | 2023 estimated tax payments and  | d amount           | applied from 20          | 22 return          |                       |         | 26       |                     |  |
|                   | 27   | Reserved for future use  |                    |                          |                    | 27                    |         |          |                     |  |
|                   | 28   | Additional child tax credit from So  |                    |                          |                    | 28                    |         |          |                     |  |
|                   | 29   | Credit for amount paid with Form   |                    |                          |                    | 29                    |         |          |                     |  |
|                   | 30   | Reserved for future use  |                    |                          |                    | 30                    |         |          |                     |  |
|                   | 31   | Amount from Schedule 3 (Form 1   |                    |                          |                    | 31                    |         |          |                     |  |
|                   | 32   | Add lines 28, 29, and 31. These a  | 32                 |                          |                    |                       |         |          |                     |  |
|                   | 33   | Add lines 25d, 25e, 25f, 25g, 26,  | 33                 | 1,727.                   |                    |                       |         |          |                     |  |
| Refund            | 34   | If line 33 is more than line 24, sub   | tract line         | 24 from line 33.         | This is the amoun  | t you <b>overpaid</b> |         | 34       | 1,691.              |  |
|                   | 35a  | Amount of line 34 you want refun   | ded to y           | <b>ou</b> . If Form 8888 | is attached, chec  | k here                | . 🗆     | 35a      | 1,691.              |  |
| Direct deposit?   | b  | Routing number 0 7 4 0   | 0 0                | 0 1 0                    | <b>c</b> Type:     | Checking              | Savings |          |                     |  |
| See instructions. | d  | Account number 7 9 6 6   | 2 3                | 1 8 6                    |                    |                       |         |          |                     |  |
|                   | е  | If you want your refund check ma   | ailed to ar        | n address outsid         | e the United State | es not shown on       | page 1, |          |                     |  |
|                   |  | enter it here.   |                    |                          |                    |                       |         |          |                     |  |
|                   | 36   | Amount of line 34 you want appli   |                    |                          |                    |                       |         |          |                     |  |
| Amount            | 37   | Subtract line 33 from line 24. This  | s is the <b>an</b> | nount you owe.           |                    |                       |         |          |                     |  |
| You Owe           |  | For details on how to pay, go to   | www.irs.g          | ov/Payments or           | see instructions . |                       |         | 37       |                     |  |
|                   | 38   | Estimated tax penalty (see instruc   | ctions) .          |                          |                    | 38                    |         |          |                     |  |
| Third             | Do yo  | ou want to allow another person to   | es. Compl          | ete belo                 | ow. 🗵 <b>No</b>    |                       |         |          |                     |  |
| Party             | Desig  | esignee's Phone Personal identi  |                    |                          |                    |                       |         | cation   |                     |  |
| Designee          | name   |  |                    |                          |                    |                       |         |          |                     |  |
|                   |  | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |                    |                          |                    |                       |         |          |                     |  |
| Sign              | Yours  | signature  |                    | Date                     | Your occupation    |                       | If the  | IRS se   | ent you an Identity |  |
| Here              |  |  |                    |                          |                    |                       | Prote   | ection F | PIN, enter it here  |  |
|                   |  |  |                    |                          | STUDENT            |                       | (see    | inst.)   |                     |  |
|                   | Phone no. Email address  |  |                    |                          |                    |                       |         |          |                     |  |
| Paid              | Prepa  | arer's name  | Preparer'          | 's signature             |                    | Date                  | PTIN    |          | Check if:           |  |
| Preparer          | SYAM   | PRIYA RAM SAGAR GUPTA TALLAM   | SYAM PR            | IYA RAM SAGAR            | GUPTA TALLAM       | 02/10/2024            | P02082  | 2703     | Self-employed       |  |
| -                 | Firm's name GLOBAL TAXES LLC Phone no                            |  |                    |                          |                    |                       |         | o. (67   | 78)965-9522         |  |
| Use Only          | Firm's address 2/15 DOOMEY OF E DDIINSWICK NIT 0.09.16 Firm's FI |  |                    |                          |                    |                       |         |          | 4-3171965           |  |

BAA

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

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

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

Sequence No. 7B

Your identifying number

SARATH KUMAR KOPPAKU 752-12-0933 Enter **amount of income** under the appropriate rate of tax. See instructions. (d) Other (specify) Nature of Income (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c C 3 4 5 Real property income and natural resources royalties . . . 6 7 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings \_\_\_\_\_ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) . . . . . . . . . . . . 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and 16 (a) Kind of property and description (f) LOSS (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business 17 Add columns (f) and (g) of line 16 on Schedule D (Form 1040). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-18 Form 4797, or both.

#### **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 Attachment Sequence No. **7C** 

Department of the Treasury Internal Revenue Service

| Name shown on Form 1040-NR  Your identifying nu |   |                                       |                   |                                    |                         |                              |  |  |  |
|---|---|---------------------------------------|-------------------|------------------------------------|-------------------------|------------------------------|--|--|--|
| SARA  | ATH KUMAR KOPPAKU   | 752-12-0933                           |                   |                                    |                         |                              |  |  |  |
| Α   | A Of what country or countries were you a citizen or national during the tax year? INDIA  |                                       |                   |                                    |                         |                              |  |  |  |
| В   | In what country did you claim   |                                       |                   | cor? India                         |                         |                              |  |  |  |
| С   | Have you ever applied to be a   | green card holder (lawful p           | ermanent resider  |                                    |                         |                              |  |  |  |
| D   | Were you ever:  |                                       |                   |                                    |                         |                              |  |  |  |
| 1.  | A U.S. citizen?   |                                       |                   |                                    |                         |                              |  |  |  |
| 2.  | A green card holder (lawful per   | rmanent resident) of the Ur           | ited States? .    |                                    |                         | 🗌 Yes 🛛 No                   |  |  |  |
|   | If you answer "Yes" to (1) or (2  |                                       | •                 |                                    |                         |                              |  |  |  |
| 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 year.   |                                       |                   |                                    |                         |                              |  |  |  |
| F   | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?  |                                       |                   |                                    |                         |                              |  |  |  |
| G   | List all dates you entered and  | left the United States durin          | g 2023. See instr | uctions.                           |                         |                              |  |  |  |
|   | Note: If you're a resident of C   |                                       |                   |                                    | uent intervals,         |                              |  |  |  |
|   | check the box for Canada or   | Mexico and skip to item I             | <u> </u>          | 🗌 Canada                           | Mexico                  |                              |  |  |  |
|   | Date entered United States mm/dd/yy   | Date departed United Stat<br>mm/dd/yy | es                | Date entered United State mm/dd/yy |                         | ted United States<br>m/dd/yy |  |  |  |
|   |   |                                       |                   |                                    |                         |                              |  |  |  |
|   |   |                                       |                   |                                    |                         |                              |  |  |  |
|   |   |                                       |                   |                                    |                         |                              |  |  |  |
|   |   |                                       |                   |                                    |                         |                              |  |  |  |
| Н   | Give number of days (including  |                                       |                   | •                                  | •                       |                              |  |  |  |
|   | 2021  | , 20223                               | 65 , ar           | nd 2023365                         | ·                       | ⊠ Yes □ No                   |  |  |  |
| ı   | Did you file a U.S. income tax  | return for any prior year?.           |                   | 1040ND                             |                         | △ tes ⊔ No                   |  |  |  |
| J   | If "Yes," give the latest year ar<br>Are you filing a return for a trus   | et?                                   |                   | 1040NK                             |                         | ☐ Yes                        |  |  |  |
| J   | If "Yes," did the trust have a l  |                                       |                   |                                    |                         | □ les ⊠ No                   |  |  |  |
|   | U.S. person, or receive a contr   |                                       |                   |                                    |                         | ☐ Yes ☐ No                   |  |  |  |
| K   | ·   | ·                                     |                   |                                    |                         | ☐ Yes       No               |  |  |  |
|   | Did you receive total compensation of \$250,000 or more during the tax year?  |                                       |                   |                                    |                         |                              |  |  |  |
| 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) Cou   | ntry                                  | (b) Tax treaty ar | ticle (c) Number of mont           | hs (d) Amount of exempt |                              |  |  |  |
|   | • •   | •                                     | ,                 | claimed in prior tax ye            | ears income in          | current tax year             |  |  |  |
|   |   |                                       |                   |                                    |                         |                              |  |  |  |
|   |   |                                       |                   |                                    |                         |                              |  |  |  |
|   |   |                                       |                   |                                    |                         |                              |  |  |  |
|   |   |                                       |                   |                                    |                         |                              |  |  |  |
|   |   |                                       |                   |                                    |                         |                              |  |  |  |
|   | ( ) <b>T</b>   1   <b>C</b>   1   1   1   1   1   1   1   1   1   | E 4040 NB # 41 B                      |                   |                                    |                         |                              |  |  |  |
| ^   | (e) Total. Enter this amount of   |                                       | -                 |                                    |                         |                              |  |  |  |
|   | Were you subject to tax in a for<br>Are you claiming treaty benefit   |                                       |                   |                                    |                         | Yes  No  Yes  No             |  |  |  |
| ა.  | If "Yes," attach a copy of the (  |                                       | -                 |                                    |                         | L 169 ⊠ NO                   |  |  |  |
| М   | Check the applicable box if:  | Dompetent Authority determ            | imation letter to | your return.                       |                         |                              |  |  |  |
|   | This is the first year you are many   | aking an election to treat in         | come from real r  | property located in the Unit       | ed States as effe       | ectively connected           |  |  |  |
| ••  | with a U.S. trade or business t   |                                       |                   |                                    |                         |                              |  |  |  |
| 2.  | You have made an election in  |                                       |                   |                                    |                         | _                            |  |  |  |
|   | States as effectively connected   |                                       |                   |                                    |                         |                              |  |  |  |
| For Pa  | perwork Reduction Act Notice,   | see the Instructions for Fo           | rm 1040-NR.       | RAA REV 02/05/24 PRO               | Schedule OI             | (Form 1040-NR) 2023          |  |  |  |