# 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 beginn |  |  | ning, 2023, ending, 20 |                                    |                         |                      |               | See separate instructions.                 |  |  |  |
|---|--|--|------------------------|------------------------------------|-------------------------|----------------------|---------------|--|--|--|--|
| Your first name   | and i  | middle initial   | Last na                | ame                                |                         |                      |               | Your identifying number (see instructions) |  |  |  |
| SOUMY   |  |  | <br> JAIN              |                                    | 124-                    | 124-63-1330          |               |  |  |  |  |
|   | (numl  | per and street). If you have a P.O. box  |                        |                                    |                         |                      |               | Apt. no.                                   |  |  |  |
| 11701 MET   | •  | · •  |                        |                                    |                         |                      |               | 623  |  |  |  |
| City, town, or p  | ost o  | ffice. If you have a foreign address, als  | so comp                | lete spaces below.                 |                         | State                |               | ZIP code                                   |  |  |  |
| AUSTIN  |  |  |                        |                                    |                         | TX                   |               | 78758                                      |  |  |  |
| Foreign country   | nam  | е  | Foreig                 | n province/state/county            |                         | Foreign <sub>I</sub> | oostal cod    | de   |  |  |  |
|   |  |  |                        |                                    |                         |                      |               |  |  |  |  |
| Filing<br>Status  |  | Single   | • ,                    | •                                  | ng surviving spouse (   | ,                    |               | 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  |  | ny time during 2023, did you: (a) recei<br>erwise dispose of a digital asset (or a f |                        |                                    |                         |                      | r (b) sell, e |  |  |  |  |
| Dependents  |  |  |                        |                                    |                         | (4) Ch               | eck the box   | if qualifies for (see inst.):              |  |  |  |
| (see instructions):   | 1  | (1) First name Last name   |                        | (2) Dependent's identifying number | (3) Relationship to vo  | Chi                  | d tax credi   | t Credit for other                         |  |  |  |
|   |  | (1) First Harrie Last Harrie   |                        | identifying number                 | (3) Relationship to you |                      |               | dependents                                 |  |  |  |
| If more than four   |  |  |                        |                                    |                         |                      |               |  |  |  |  |
| dependents, see instructions and                            |  |  |                        |                                    |                         |                      |               |  |  |  |  |
| check here  |  |  |                        |                                    |                         |                      |               |  |  |  |  |
| Income  | 1a   | Total amount from Form(s) W-2, box   | 1 (see i               | nstructions)                       |                         |                      | . 1a          | 93,023.                                    |  |  |  |
| Effectively   | b  | Household employee wages not rep   | orted or               | Form(s) W-2                        |                         |                      | . 1b          |  |  |  |  |
| Connected   | С  | Tip income not reported on line 1a (s  |                        |                                    |                         |                      |               |  |  |  |  |
| With U.S.   | d  | Medicaid waiver payments not report  | rted on F              | orm(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   |                        | •                                  |                         |                      | . 1f          |  |  |  |  |
| Attach  | g  | Wages from Form 8919, line 6   |                        |                                    |                         |                      | . 1g          |  |  |  |  |
| Form(s) W-2,  | h  | Other earned income (see instruction   | . 1h                   |                                    |                         |                      |               |  |  |  |  |
| 1042-S,   | i  | Reserved for future use  |                        |                                    |                         |                      |               |  |  |  |  |
| SSA-1042-S,<br>RRB-1042-S,                                  | j  | Reserved for future use  |                        |                                    | 1 1                     |                      | . <u>1j</u>   |  |  |  |  |
| and 8288-A  | k  | Total income exempt by a treaty from   |                        |                                    |                         |                      |               |  |  |  |  |
| here. Also attach   | _  | line 1(e)  |                        |                                    | 1k                      |                      |               | 93,023.                                    |  |  |  |
| Form(s)   | z<br>2a  | Add lines 1a through 1h  | 1                      | 1                                  |                         |                      | . 1z<br>. 2b  | 56.  |  |  |  |
| 1099-R if   |  | Qualified dividends 3a   | _                      |                                    | dinary dividends .      |                      | . 3b          | 36.  |  |  |  |
| tax was withheld.   | 4a   | IRA distributions 4a   |                        |                                    | kable amount            |                      |               |  |  |  |  |
| If you did not  | ъа<br>5а   | Pensions and annuities 5a  |                        |                                    | kable amount            |                      |               |  |  |  |  |
| get a Form  | 6  | Reserved for future use  |                        |                                    |                         |                      |               |  |  |  |  |
| W-2, see instructions.                                      | 7  | Capital gain or (loss). Attach Schedu  |                        |                                    |                         | _                    |               |  |  |  |  |
| instructions.   | 8  | Additional income from Schedule 1  | •                      |                                    | •                       |                      |               | -14,618.                                   |  |  |  |
|   | 9  | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8   |                        |                                    |                         |                      |               | 78,461.                                    |  |  |  |
|   | 10   | · · · · · · · · · · · · · · · · · · ·  |                        |                                    |                         |                      |               |  |  |  |  |
|   | 11   | Subtract line 10 from line 9. This is y  |                        |                                    |                         |                      |               | 78,461.                                    |  |  |  |
|   | 12   | Itemized deductions (from Schedu   |                        |                                    |                         |                      |               |  |  |  |  |
|   |  | deduction (see instructions)   |                        |                                    |                         |                      |               | 13,850.                                    |  |  |  |
|   | 13a  | Qualified business income deduction  |                        |                                    |                         |                      |               |  |  |  |  |
|   | b  | Exemptions for estates and trusts or   | nly (see               | 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 <b>ta</b>    | xable income .          |                      | . 15          | 64,611.                                    |  |  |  |

| Form 1040-NR (    | 2023)   |   |                                    |                     |                             |       | Page <b>2</b>                    |  |  |
|-------------------|---------|---|------------------------------------|---------------------|-----------------------------|-------|----------------------------------|--|--|
| Tax and           | 16      | Tax (see instructions). Check if any from Form(s): 1  8814  | <b>2</b> 4972                      | 2 3 🗌               |                             | 16    | 9,525.                           |  |  |
| Credits           | 17      | Amount from Schedule 2 (Form 1040), line 3  |                                    |                     | [                           | 17    | 0.                               |  |  |
|                   | 18      | Add lines 16 and 17   |                                    |                     |                             | 18    | 9,525.                           |  |  |
|                   | 19      | Child tax credit or credit for other dependents from Schedule 8   | 8812 (Form 104                     | 10)                 |                             | 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    | 9 <b>,</b> 525.                  |  |  |
|                   | 23a     | Tax on income not effectively connected with a U.S. trade or be Schedule NEC (Form 1040-NR), line 15  |                                    | 23a                 |                             |       |                                  |  |  |
|                   | b       | Other taxes, including self-employment tax, from Schedule 2 (line 21  |                                    | 23b                 |                             |       |                                  |  |  |
|                   | С       | Transportation tax (see instructions)   | Г                                  | 23c                 |                             |       |                                  |  |  |
|                   | d       | Add lines 23a through 23c   | _                                  |                     |                             | 23d   |                                  |  |  |
|                   | 24      | Add lines 22 and 23d. This is your <b>total tax</b>   |                                    |                     |                             | 24    | 9,525.                           |  |  |
| Payments          | 25      | Federal income tax withheld from:   |                                    |                     |                             |       |                                  |  |  |
| rayments          | a       | Form(s) W-2   |                                    | <b>25a</b> 13       | 3,252.                      |       |                                  |  |  |
|                   | b       | Form(s) 1099  | - F                                | 25b                 | 7232.                       |       |                                  |  |  |
|                   | С       | Other forms (see instructions)  | Г                                  | 25c                 |                             |       |                                  |  |  |
|                   | d       | Add lines 25a through 25c   | _                                  |                     |                             | 25d   | 13,252.                          |  |  |
|                   | е       | Form(s) 8805  |                                    |                     | [                           | 25e   | · · ·                            |  |  |
|                   | f       | Form(s) 8288-A  |                                    |                     |                             | 25f   |                                  |  |  |
|                   | g       | Form(s) 1042-S  |                                    |                     | [                           | 25g   |                                  |  |  |
|                   | 26      | 2023 estimated tax payments and amount applied from 2022 r  | return                             |                     |                             | 26    |                                  |  |  |
|                   | 27      | Reserved for future use   | ı                                  | 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   | s and refundal                     | ble credits         |                             | 32    |                                  |  |  |
|                   | 33      | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your ${f total}$  | payments .                         |                     |                             | 33    | 13,252.                          |  |  |
| Refund            | 34      | If line 33 is more than line 24, subtract line 24 from line 33. This  | s is the amount                    | you <b>overpaid</b> |                             | 34    | 3,727.                           |  |  |
|                   | 35a     | Amount of line 34 you want refunded to you. If Form 8888 is a   | attached, check <b>c</b> Type: 🔀 ( |                     | . 🗆 📗                       | 35a   | 3 <b>,</b> 727.                  |  |  |
| Direct deposit?   | b       |   | Savings                            |                     |                             |       |                                  |  |  |
| See instructions. | d       | Account number 6 6 4 2 9 2 7 2 3 7  |                                    |                     |                             |       |                                  |  |  |
|                   | е       | If you want your refund check mailed to an address outside the  | ne United State                    | s not shown on      | page 1,                     |       |                                  |  |  |
|                   |         | enter it here.  |                                    |                     |                             |       |                                  |  |  |
|                   | 36      | Amount of line 34 you want applied to your 2024 estimated to  | ax                                 | 36                  |                             |       |                                  |  |  |
| Amount            | 37      | Subtract line 33 from line 24. This is the <b>amount you owe</b> .  |                                    |                     |                             |       |                                  |  |  |
| You Owe           | 00      | For details on how to pay, go to www.irs.gov/Payments or see  | 1                                  |                     |                             | 37    |                                  |  |  |
|                   | 38      | Estimated tax penalty (see instructions)  |                                    | 38                  |                             |       | /. ⊠ No                          |  |  |
| Third<br>Party    | ,       | u want to allow another person to discuss this return with the IF   | 35? See instruc                    |                     | es. Comple                  |       | . 🔼 NO                           |  |  |
| Designee          | Desig   |   |                                    |                     | nal identifica<br>or (PINI) | ation |                                  |  |  |
| Designee          | Under   | name no number (PIN)  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and |                                    |                     |                             |       |                                  |  |  |
| Ciana             | belief, | they are true, correct, and complete. Declaration of preparer (other than   | taxpayer) is base                  | d on all informatio |                             | •     | , ,                              |  |  |
| Sign              | Your    | signature Date Yo   | our occupation                     |                     |                             |       | you an Identity I, enter it here |  |  |
| Here              |         | go  | OFTWARE E                          | NCINEER             | (see ir                     |       | i, enter it here                 |  |  |
|                   | Phone   |   | >- T AAK 717/11 11/1               | .v. 1111111         | (300 11                     | .5,   |                                  |  |  |
| <u> </u>          |         | rer's name Preparer's signature   |                                    | Date                | PTIN                        | CI    | heck if:                         |  |  |
| Paid              | •       | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GU  | JPTA TAT.T.AM                      | 02/11/2024          | P02082                      | -     | Self-employed                    |  |  |
| Preparer          |         | sname GLOBAL TAXES LLC  |                                    | 02/11/2021          | Phone no.                   | -     | ) 965-9522                       |  |  |
| Use Only          |         | saddress 245 ROONEY CT E BRUNSWICK NJ (   | <br>)8816                          |                     | Firm's EIN                  | 10.0  | -3171965                         |  |  |
|                   |         |   |                                    |                     |                             |       |                                  |  |  |

BAA

### SCHEDULE 1 (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

| Internal Revenue Service | Sequence No. <b>01</b>        |          |                     |
|--------------------------|-------------------------------|----------|---------------------|
| Name(s) shown on Fo      | orm 1040, 1040-SR, or 1040-NR | Your soc | ial security number |
| SOUMY JAIN               |                               | 124-63   | -1330               |
| Part   Addition          | onal Income                   |          |                     |

| Par | Additional income   |        |              |    |          |
|-----|---|--------|--------------|----|----------|
| 1   | Taxable refunds, credits, or offsets of state and local income taxes          |        |              | 1  |          |
| 2a  | Alimony received  |        |              | 2a |          |
| b   | Date of original divorce or separation agreement (see instructions):          |        |              |    |          |
| 3   | Business income or (loss). Attach Schedule C                                  |        |              | 3  |          |
| 4   | Other gains or (losses). Attach Form 4797                                     |        |              | 4  |          |
| 5   | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att | ach S  | Schedule E . | 5  | -14,618. |
| 6   | Farm income or (loss). Attach Schedule F                                      |        |              | 6  |          |
| 7   | Unemployment compensation   |        |              | 7  |          |
| 8   | Other income:   |        |              |    |          |
| а   | Net operating loss  | 8a     | (            |    |          |
| b   | Gambling  | 8b     |              |    |          |
| С   | Cancellation of debt  | 8c     |              |    |          |
| d   | Foreign earned income exclusion from Form 2555                                | 8d     | (            | )  |          |
| е   | Income from Form 8853   | 8e     |              |    |          |
| f   | Income from Form 8889   | 8f     |              |    |          |
| g   | Alaska Permanent Fund dividends   | 8g     |              |    |          |
| h   | Jury duty pay   | 8h     |              |    |          |
| i   | Prizes and awards   | 8i     |              |    |          |
| j   | Activity not engaged in for profit income                                     | 8j     |              |    |          |
| k   | Stock options   | 8k     |              |    |          |
| - 1 | Income from the rental of personal property if you engaged in the rental      |        |              |    |          |
|     | for profit but were not in the business of renting such property              | 81     |              |    |          |
| m   | Olympic and Paralympic medals and USOC prize money (see                       |        |              |    |          |
|     | instructions)   | 8m     |              |    |          |
| n   | Section 951(a) inclusion (see instructions)                                   | 8n     |              |    |          |
| 0   | Section 951A(a) inclusion (see instructions)                                  | 80     |              |    |          |
| р   | Section 461(I) excess business loss adjustment                                | 8p     |              |    |          |
| q   | Taxable distributions from an ABLE account (see instructions)                 | 8q     |              |    |          |
| r   | Scholarship and fellowship grants not reported on Form W-2                    | 8r     |              |    |          |
| s   | Nontaxable amount of Medicaid waiver payments included on Form                |        |              |    |          |
|     | 1040, line 1a or 1d   | 8s     | (            | )  |          |
| t   | Pension or annuity from a nonqualifed deferred compensation plan or           |        |              |    |          |
|     | a nongovernmental section 457 plan  | 8t     |              |    |          |
| u   | Wages earned while incarcerated   | 8u     |              |    |          |
| Z   | Other income. List type and amount:   |        |              |    |          |
|     |   | 8z     |              |    |          |
| 9   | Total other income. Add lines 8a through 8z                                   |        |              | 9  |          |
| 10  | Combine lines 1 through 7 and 9. This is your additional income. Enter        | r here | and on Form  |    |          |
|     | 1040, 1040-SR, or 1040-NR, line 8   |        |              | 10 | -14,618. |

Schedule 1 (Form 1040) 2023 Page **2** 

| Par | t II Adjustments to Income  |         |             |     |  |
|-----|---|---------|-------------|-----|--|
| 11  | Educator expenses   |         |             | 11  |  |
| 12  | Certain business expenses of reservists, performing artists, and fee-         |         |             |     |  |
|     | officials. Attach Form 2106   |         |             | 12  |  |
| 13  | Health savings account deduction. Attach Form 8889                            |         |             | 13  |  |
| 14  | Moving expenses for members of the Armed Forces. Attach Form 3903             |         |             | 14  |  |
| 15  | Deductible part of self-employment tax. Attach Schedule SE                    |         |             | 15  |  |
| 16  | Self-employed SEP, SIMPLE, and qualified plans                                |         |             | 16  |  |
| 17  | Self-employed health insurance deduction                                      |         |             | 17  |  |
| 18  | Penalty on early withdrawal of savings  |         |             | 18  |  |
| 19a | Alimony paid  |         |             | 19a |  |
| b   | Recipient's SSN   |         |             |     |  |
| С   | Date of original divorce or separation agreement (see instructions):          |         |             |     |  |
| 20  | IRA deduction   |         |             | 20  |  |
| 21  | Student loan interest deduction   |         |             | 21  |  |
| 22  | Reserved for future use   |         |             | 22  |  |
| 23  | Archer MSA deduction  |         |             | 23  |  |
| 24  | Other adjustments:  |         |             |     |  |
| а   | , , , , , , , , , , , , , , , , , , ,   | 24a     |             |     |  |
| b   | Deductible expenses related to income reported on line 8l from the            |         |             |     |  |
|     |   | 24b     |             |     |  |
| С   | Nontaxable amount of the value of Olympic and Paralympic medals               | 04      |             |     |  |
| _1  | · · · · · · · · · · · · · · · · · · ·   | 24c     |             | _   |  |
| d   |   | 24d     |             | -   |  |
| е   | Repayment of supplemental unemployment benefits under the Trade Act of 1974   | 24e     |             |     |  |
| f   |   | 24f     |             |     |  |
| g   | Contributions by certain chaplains to section 403(b) plans                    | 24g     |             |     |  |
| h   | Attorney fees and court costs for actions involving certain unlawful          |         |             |     |  |
|     | discrimination claims (see instructions)                                      | 24h     |             |     |  |
| i   | Attorney fees and court costs you paid in connection with an award            |         |             |     |  |
|     | from the IRS for information you provided that helped the IRS detect          |         |             |     |  |
|     | <b>-</b>  | 24i     |             |     |  |
| j   |   | 24j     |             |     |  |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form           |         |             |     |  |
|     |   | 24k     |             |     |  |
| Z   | Other adjustments. List type and amount:                                      | 24z     |             |     |  |
|     |   |         |             | -   |  |
| 25  | Total other adjustments. Add lines 24a through 24z                            |         |             | 25  |  |
| 26  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . | . Enter | nere and on |     |  |
|     | Form 1040, 1040-SR, or 1040-NR, line 10                                       |         |             | 26  |  |

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

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

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

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number SOUMY JAIN 124-63-1330 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)                                      |  |  |
|----------------|--|---|-------------------------------|-----|--------------------------|------------------|-------------------------|--|--|--|
|                | Dividends and dividend equivalents:  |   |                               |     | (a) 1070                 | (b) 1570         | (6) 30 %                | %  | %  |  |
| 1              | Dividends and divide   | end equivalents:  |                               |     |                          |                  |                         |  |  |  |
| а              | Dividends paid by U  | S. corporations   |                               | 1a  |                          |                  |                         |  |  |  |
| b              | Dividends paid by fo   | reign corporations  |                               | 1b  |                          |                  |                         |  |  |  |
| С              | Dividend equivalent p  | ayments received with respect to section 871(m) trans               | sactions                      | 1c  |                          |                  |                         |  |  |  |
| 2              | Interest:  |   |                               |     |                          |                  |                         |  |  |  |
| а              |  |   |                               | 2a  |                          |                  |                         |  |  |  |
| b              | Paid by foreign corp   | orations  |                               | 2b  |                          |                  |                         |  |  |  |
| С              | Other  |   |                               | 2c  |                          |                  |                         |  |  |  |
| 3              | Industrial royalties (p  | atents, trademarks, etc.)   |                               | 3   |                          |                  |                         |  |  |  |
| 4              | Motion picture or TV   | copyright royalties   |                               | 4   |                          |                  |                         |  |  |  |
| 5              | Other royalties (copy  | rights, recording, publishing, etc.)                                |                               | 5   |                          |                  |                         |  |  |  |
| 6              | Real property income and natural resources royalties   |   |                               | 6   |                          |                  |                         |  |  |  |
| 7              | Pensions and annuities   |   |                               | 7   |                          |                  |                         |  |  |  |
| 8              | Social security bene-  | fits  |                               | 8   |                          |                  |                         |  |  |  |
| 9              | · · · · · · · · · · · · · · · · · · ·  |   |                               | 9   |                          |                  |                         |  |  |  |
| 10             | 10 Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0              |   |                               |     |                          |                  |                         |  |  |  |
| а              | Winnings   |   |                               |     |                          |                  |                         |  |  |  |
| b              |  | <u> </u>  |                               | 10c |                          |                  |                         |  |  |  |
| 11             | Note: Enter winnings   | ts of countries other than Canada.<br>s only. Losses aren't allowed |                               | 11  |                          |                  |                         |  |  |  |
| 12             | Other (specify):   |   |                               |     |                          |                  |                         |  |  |  |
|                |  |   |                               | 12  |                          |                  |                         |  |  |  |
| 13             | •  | 12 in columns (a) through (d)                                       |                               | 13  |                          |                  |                         |  |  |  |
| 14             |  | ate of tax at top of each column                                    |                               | 14  |                          |                  |                         |  |  |  |
| 15             | Tax on income not e  | ffectively connected with a U.S. trade or business. A               |                               |     |                          |                  |                         | -NR, line 23a <b>15</b>                                  |  |  |
|                |  | Capital Gains and Lo  | osses F                       | rom | Sales or Excha           | anges of Propert | ty                      |  |  |  |
| losses texchan | nly the capital gains and<br>from property sales or<br>ges that are from sources<br>he United States and not |   | (b) Date acquir<br>mm/dd/yyyy |     | (c) Date sold mm/dd/yyyy | (d) Sales price  | (e) Cost or other basis | (f) LOSS If (e) is more than (d), subtract (d) from (e). | (g) GAIN If (d) is more than (e), subtract (e) from (d). |  |
| effectiv       | ely connected with a U.S. s. Do not include a gain   |   |                               |     |                          |                  |                         |  |  |  |
| or loss        | on disposing of a U.S. real  |   |                               |     |                          |                  |                         |  |  |  |
|                | y interest; report these<br>nd losses on Schedule D<br>040).   |   |                               |     |                          |                  |                         |  |  |  |
|                | property sales or  |   |                               |     |                          |                  |                         |  |  |  |
| connec         | ges that are effectively<br>ted with a U.S. business   | 17 Add columns (f) and (g) of line 16                               |                               |     |                          |                  | 17                      | (  |  |  |
|                | edule D (Form 1040),<br>797, or both.  | 18 Capital gain. Combine columns (f) and (g) of                     |                               |     |                          |                  |                         |  |  |  |

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

**Other Information** 

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information. Department of the Treasury Internal Revenue Service Answer all questions.

OMB No. 1545-0074 Attachment Sequence No. **7C** 

Name shown on Form 1040-NR Your identifying number

| SOUN | MY JAIN  |   |                        |                                       | 124-63-1        | 330                     |                       |
|------|--|---|------------------------|---------------------------------------|-----------------|-------------------------|-----------------------|
| Α    | Of what country or countries w                                       | vere you a citizen or nationa           | al during the tax yea  | ar? INDIA                             |                 |                         |                       |
| В    | In what country did you claim  | residence for tax purposes              | s during the tax yea   | r? United States                      |                 |                         |                       |
| С    | Have you ever applied to be a  | green card holder (lawful p             | permanent resident)    | of the United States? .               |                 | ☐ Yes                   | ⊠ No                  |
| D    | Were you ever:   |   | ,                      |                                       |                 |                         |                       |
| 1.   | -  |   |                        |                                       |                 | Yes                     | ⊠ No                  |
| 2.   | A green card holder (lawful per                                      |   |                        |                                       |                 |                         | ⊠ No                  |
|      | If you answer "Yes" to (1) or (2                                     | ,                                       |                        |                                       |                 |                         |                       |
| E    | If you had a visa on the last of immigration status on the last of   | day of the tax year, enter              | your visa type. If yo  |                                       | -               |                         |                       |
| F    | Have you ever changed your v If you answered "Yes," indicate         | risa type (nonimmigrant sta             | tus) or U.S. immigra   | ation status?                         |                 | ☐ Yes                   | ⊠ No                  |
| G    | List all dates you entered and                                       | left the United States durin            |                        |                                       |                 |                         |                       |
|      | Note: If you're a resident of C                                      |   | ~                      |                                       | ent intervals,  |                         |                       |
|      | check the box for Canada or  |   |                        |                                       | ☐ Mexico        |                         |                       |
|      | Date entered United States mm/dd/yy                                  | Date departed United Statement Mm/dd/yy | es                     | Date entered United State<br>mm/dd/yy |                 | arted Unite<br>mm/dd/yy | d States              |
|      |  |   |                        |                                       |                 |                         |                       |
|      |  |   |                        |                                       |                 |                         |                       |
|      |  |   |                        |                                       |                 |                         |                       |
|      |  |   |                        |                                       |                 |                         |                       |
| Н    | Give number of days (including 2021                                  | vacation, nonworkdays, and , 2022       |                        |                                       |                 |                         |                       |
| I    | Did you file a U.S. income tax If "Yes," give the latest year ar     | return for any prior year? .            |                        |                                       |                 | ☐ Yes                   | ⊠ No                  |
| J    | Are you filing a return for a trus                                   | st?                                     |                        |                                       |                 | ☐ Yes                   | ⊠ No                  |
|      | If "Yes," did the trust have a U.S. person, or receive a contr       | J.S. or foreign owner unde              | er the grantor trust r | ules, make a distribution             | or loan to a    | ☐ Yes                   | □No                   |
| K    | Did you receive total compens  | ation of \$250,000 or more              | during the tax year?   |                                       |                 | ☐ Yes                   | ⊠ No                  |
|      | If "Yes," did you use an alterna                                     | ative method to determine t             | the source of this co  | ompensation?                          |                 | ☐ Yes                   | ☐ No                  |
| L    | Income Exempt From Tax—If complete (1) through (3) below             |   |                        |                                       | tax treaty with | a foreign               | country,              |
| 1.   | Enter the name of the country, amount of exempt income in the        |   |                        |                                       | claimed the tre | eaty benefi             | t, and the            |
|      | (a) Cou  | ntrv                                    | (b) Tax treaty articl  | e (c) Number of month                 | ıs (d) Am       | ount of exe             | empt                  |
|      | ,  | ,                                       | ,                      | claimed in prior tax ye               | ars income      | n current to            | ax year               |
|      |  |   |                        |                                       |                 |                         |                       |
|      |  |   |                        |                                       |                 |                         |                       |
|      | <u> </u>   | <u> </u>                                |                        |                                       |                 |                         |                       |
|      |  |   |                        |                                       |                 |                         |                       |
|      |  |   |                        |                                       |                 |                         |                       |
|      |  |   |                        |                                       |                 |                         |                       |
|      | (e) Total. Enter this amount or                                      |   | -                      |                                       |                 |                         |                       |
| 2.   | Were you subject to tax in a fo                                      |   |                        |                                       |                 | ☐ Yes                   | ☐ No                  |
| 3.   | Are you claiming treaty benefit                                      |   | •                      |                                       |                 | ☐ Yes                   | ⊠ No                  |
|      | If "Yes," attach a copy of the C                                     | Competent Authority detern              | nination letter to you | ur return.                            |                 |                         |                       |
| M    | Check the applicable box if:   |   |                        |                                       |                 |                         |                       |
| 1.   | This is the first year you are ma<br>with a U.S. trade or business u |   |                        |                                       |                 |                         | onnected<br>$\square$ |
| 2.   | You have made an election in States as effectively connected         |   |                        |                                       |                 |                         |                       |

#### **SCHEDULE E** (Form 1040)

### **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

| SOUN          | MY JAIN  |         |                  |          |         |                               | 124-6 | 3-1330 |                   |   |  |
|---------------|--|---------|------------------|----------|---------|-------------------------------|-------|--------|-------------------|---|--|
| Par           | Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.                             | ty, use | Schedule         |          |         |                               |       |        |                   |   |  |
|               | d you make any payments in 2023 that would require you to file Form(s) 1099? See instructions.   |         |                  |          |         |                               |       |        |                   |   |  |
| В             | If "Yes," did you or will you file required Form(s) 1099?  |         |                  |          |         |                               |       |        | es No             | _ |  |
| 1a            | Physical address of each property (street, city, state, ZIF  | code    | e)               |          |         |                               |       |        |                   |   |  |
| Α             | B302, HARMAN RESIDENCY SHENDRA MIDC MAR  | IARAS   | SHTRA I          | N 43     | 1007    |                               |       |        |                   |   |  |
| В             |  |         |                  |          |         |                               |       |        |                   |   |  |
| С             |  |         |                  |          |         |                               |       |        |                   |   |  |
| 1b            | Type of Property (from list below)  2 For each rental real estate prope above, report the number of fair   |         |                  |          |         |                               |       |        | QJV               |   |  |
| Α             | g personal use days. Check the Q   |         |                  | Α        |         | 365                           |       | 0      |                   |   |  |
| В             | if you meet the requirements to f qualified joint venture. See instru  |         |                  | В        |         |                               |       |        |                   |   |  |
| С             |  |         |                  | С        |         |                               |       |        |                   |   |  |
| 1             | of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial   | tal     | 5 Land<br>6 Roya |          |         | Self-Rental<br>Other (describ |       |        |                   |   |  |
|               |  |         |                  | _        |         | Propertie                     | s:    |        |                   | _ |  |
| Incon         |  | _       |                  | Α        |         | В                             |       |        | С                 | _ |  |
| 3             | Rents received   | 3       |                  | 6        | 47.     |                               |       |        |                   | _ |  |
| 4<br><b>5</b> | Royalties received   | 4       |                  |          |         |                               |       |        |                   | _ |  |
| Exper<br>5    |  | 5       |                  |          |         |                               |       |        |                   |   |  |
| 6             | Advertising  | 6       |                  |          |         |                               |       |        |                   | _ |  |
| 7             | Cleaning and maintenance   | 7       |                  | 2,8      | 96      |                               |       |        |                   | _ |  |
| 8             | Commissions  | 8       |                  | 2,0      | 50.     |                               |       |        |                   | _ |  |
| 9             | Insurance  | 9       |                  |          |         |                               |       |        |                   | _ |  |
| 10            | Legal and other professional fees  | 10      |                  |          |         |                               |       |        |                   | _ |  |
| 11            | Management fees  | 11      |                  | 2,4      | 15.     |                               |       |        |                   | _ |  |
| 12            | Mortgage interest paid to banks, etc. (see instructions)   | 12      |                  |          |         |                               |       |        |                   | _ |  |
| 13            | Other interest   | 13      |                  |          |         |                               |       |        |                   | _ |  |
| 14            | Repairs  | 14      |                  | 2,7      | 33.     |                               |       |        |                   | _ |  |
| 15            | Supplies   | 15      |                  | 2,4      |         |                               |       |        |                   | _ |  |
| 16            | Taxes  | 16      |                  |          |         |                               |       |        |                   |   |  |
| 17            | Utilities  | 17      |                  | 2,1      | 72.     |                               |       |        |                   |   |  |
| 18            | Depreciation expense or depletion  | 18      |                  | 2,6      | 39.     |                               |       |        |                   |   |  |
| 19            | Other (list)   | 19      |                  |          |         |                               |       |        |                   |   |  |
| 20            | Total expenses. Add lines 5 through 19   | 20      |                  | 15,2     | 65.     |                               |       |        |                   |   |  |
| 21            | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> | 21      | _                | -14,6    | 18.     |                               |       |        |                   |   |  |
| 22            | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)  | 22      | ( -              | 14,61    | .8.)    | (                             | )     | (      |                   | ) |  |
| 23a           | Total of all amounts reported on line 3 for all rental prope   | rties   |                  |          | 23a     |                               | 647.  |        |                   |   |  |
| b             | Total of all amounts reported on line 4 for all royalty prop   | erties  |                  |          | 23b     |                               |       |        |                   |   |  |
| С             | Total of all amounts reported on line 12 for all properties  |         |                  |          | 23c     |                               |       |        |                   |   |  |
| d             | Total of all amounts reported on line 18 for all properties  |         |                  |          | 23d     |                               | 639.  |        |                   |   |  |
| е             | Total of all amounts reported on line 20 for all properties  |         |                  |          | 23e     | 15,                           | 265.  |        |                   |   |  |
| 24            | Income. Add positive amounts shown on line 21. Do not  |         | -                |          |         |                               | 24    |        |                   |   |  |
| 25            | Losses. Add royalty losses from line 21 and rental real estate   | e losse | es from lin      | e 22. Ei | nter to | tal losses here               | 25    | (      | 14,618.           | ) |  |
| 26            | Total rental real estate and royalty income or (loss).   |         |                  |          |         |                               |       |        |                   |   |  |
|               | here. If Parts II, III, and IV, and line 40 on page 2 do no<br>Schedule 1 (Form 1040), line 5. Otherwise, include this ar                        |         |                  |          |         |                               | 26    |        | -14 <b>,</b> 618. |   |  |