

Social Security & Medicare Tax Claim

Dear VENKATA SAI ROHIT,

Enclosed please find two copies of each of your Social Security & Medicare Tax Claim, which was prepared based on the information you provided.

File one copy with the Internal Revenue Service and retain the second copy for your records.

Claim from your employer

- 1. Social Security & Medicare tax was withheld by your employer(s) in error. This tax is shown in box 4 and/or box 6 of your W2(s).
- 2. To claim this tax, you must first contact your employer(s) and request a refund directly from them.
- **3.** Give your employer(s) I month to respond to your request for a refund. If your employer(s) does not refund this to you, then follow the steps below to submit your Social Security & Medicare tax claim to the Internal Revenue Service.

Claim from the IRS

4. You must first attempt to obtain a refund from your employer. If that is unsuccessful then submit a claim to the IRS using the forms that Sprintax has prepared for you below.

We recommend you mail your FICA claim only after your Federal tax return has been processed by the IRS.

Form	Action
8316	Enter the date that you contacted
Note: You may have more than	your employer requesting a refund.
one 8316 form, if so, you need	Allow 1 month for a response.
to sign each of them.	Sign on page 1
843	Sign on page 1

1

sprintax

- 5. Include a copy of each of your W2s with tax shown in box 4 and or box 6.
- 6. Confirm that your SSN and your name on your W2(s) are correct.
- **7.** If you don't have your W2(s) or if the SSN or name on the W2 is incorrect, then you'll need to obtain a corrected W2 from your employer(s).
- 8. Include a copy of your US visa.
- **9.** Include a copy of form I-94 you can download the form from your account in https://i94.cbp.dhs.gov/I94/#/home
- 10. If you are on a J1 visa, you must also attach a copy of your DS-2019 form.
- 11. If you are on a F1 visa, you must also attach a copy of your I-20 form.
- 12. Sign and mail your Social Security & Medicare tax claim (Form 843 and or Form 8316) to:

Department of the Treasury, Internal Revenue Service Center, Ogden, UT 84201-0038 USA

If you have any questions, please email us at hello@sprintax.com.

Sincerely,

The Sprintax team



Social Security & Medicare Tax Frequently Asked Questions

Am I exempt from FICA (Social Security and Medicare) tax?

The following classes of nonimmigrants and nonresident aliens are exempt from U.S. Social Security and Medicare taxes:

A-visas:

Employees of foreign governments are exempt on salaries paid to them in their official capacities as foreign government employees.

F-visas, J-visas, M-visas, Q-visas:

Nonresident alien students, scholars, professors, teachers, trainees, researchers, physicians, au pairs, summer camp workers and other aliens temporarily present in the United States in F-1, J-1, M-1, or Q-1/Q-2 nonimmigrant status are exempt on wages paid to them for services performed within the United States as long as such services are allowed by USCIS for these nonimmigrant statuses, and such services are performed to carry out the purposes for which such visas were issued to them.

How long will it take to process my US tax return?

The IRS usually takes about 8-10 weeks to process FICA tax refund applications, however exact timelines are determined by the IRS.

Is there a deadline for submitting FICA refund claim?

FICA refund claim will be processed if it is submitted not more than 3 years after the end of the tax year when the tax was paid.

What address do I send my FICA tax return to?

File form 843 (with attachments) with the Department of the Treasury, Internal Revenue Service Center, Ogden, UT 84201-0038.

Can I file my taxes electronically?

No. The 843 and 8316 claim forms, are not available in electronic format and so cannot be e-filed.

What is a W2 form?

The W2 form is a form that reports your income and taxes deducted by that employer, including the Social Security tax (box 4) and Medicare tax (box 6) that you paid. It is an official government form that you will generally receive from your employer(s) at the end of January or early February. You will need your W2 form(s) to claim your FICA tax refund.

If you have misplaced your W2 or you never received it, you will need to request a new one from your employer.

If the SSN or name on the W2 is incorrect, then you will need to obtain a valid W2 or W2-corrected from your employer(s).

What documents I have to attach to my FICA tax claim?

- A copy of each of your W-2s to show the amount of Social Security and Medicare taxes withheld.
- A copy of your US visa this should be contained within your passport.
- A copy of form I-94 you can download the form from your account in https://i94.cbp.dhs.gov/I94/# home
- If you have an F-1 visa, a copy of form I-20.
- If you have a J-1 visa, a copy of form DS-2019.
- If you are engaged in optional practical training or employment due to severe economic necessity, then include a copy of form I-766 or form I-688B.

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Social Security & Medicare Tax Claim for

VENKATA SAI ROHIT AYYAGARI 2022

FEDERAL FILING COPY
SIGN AND MAIL TO THE INTERNAL REVENUE SERVICE

Form **843**

(Rev. August 2011) Department of the Treasury Internal Revenue Service

Claim for Refund and Request for Abatement

► See separate instructions.

OMB No. 1545-0024

Use Form 843 if your claim or request involves:

- (a) a refund of one of the taxes (other than income taxes or an employer's claim for FICA tax, RRTA tax, or income tax withholding) or a fee, shown on line 3,
- (b) an abatement of FUTA tax or certain excise taxes, or
- (c) a refund or abatement of interest, penalties, or additions to tax for one of the reasons shown on line 5a.

- (a) an overpayment of income taxes or an employer's claim for FICA tax, RRTA tax, or income tax withholding (use the appropriate amended tax return),
- (b) a refund of excise taxes based on the nontaxable use or sale of fuels, or
- (c) an overpayment of excise taxes reported on Form(s) 11-C, 720, 730, or 2290.

Name(s		verpayment of excis	e taxes reported	0111 01111(3) 11-0, 720	J, 730, 01 2290.	Y	our so	cial security r	number	
VENKATA SAI ROHIT AYYAGARI							651-91-1862			
Address (number, street, and room or suite no.)								's social secu	rity number	
1400 L	_AURE	EL AVE, ap. APT W80	01							
		tate, and ZIP code	-			E	mploy	er identification	on number (EIN)	
MINN	EAPOL	IS, MINNESOTA 55	403							
Name a	and add	dress shown on return if	different from abo	ve			Daytim	e telephone ni	umber	
			E 040 f							
1 Period. Prepare a separate Form 843 for each tax period or fee year. From 01/01/2022 to 12/31/2022 2 Amour \$62							refunded or abated:			
3			te the type of ta	x or fee to be refunde	ed or abated or to	which the			or addition to tax	
3	is rela		ite the type of ta	COLICC TO DC TCIUNGC	or abatea or to	J WITHOUT LITE	, ii itoi	cot, perialty,	or addition to tax	
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4			aim or request in	nvolves a penalty, en	ter the Internal F	Revenue Co	de se	ection on wh	nich the penalty is	
		d (see instructions). IF								
5a			dditions to tax.	Check the box that ir	ndicates your rea	son for the	reque	est for refund	d or abatement. (If	
		apply, go to line 6.)								
		terest was assessed		-						
				ult of erroneous writte						
		easonable cause or sessing a penalty or		owed under the law	(other than erro	neous wri	tten a	dvice) can	be shown for not	
L			addition to tax.							
b	Date(s) of payment(s) ► _								
6	Origi	nal return. Indicate t	he type of fee or	return, if any, filed to	which the tax. ir	nterest, pen	altv. o	or addition to	tax relates.	
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	99	00-PF 🗌 1	040	1120	4720	X Other (s	pecify)▶ 1040	-NR	
7				claim or request shou	uld be allowed ar	d show the	e com	putation of t	he amount shown	
	on lin	e 2. If you need more	space, attach a	dditional sheets.						
I an	n a no	nresident alien on a F	1 visa. Section 3	3121 (b)(19) of the Inte	ernal Revenue C	ode and the	e regu	lations there	eunder	
				t liable for paying Soc						
				esidency rules stated					ode. I state that	
tor	calend	ar year 2022 I was a	full year nonresi	dent alien not liable fo	or the Social Secu	irity and Me	edicar	e tax.		
Signat	ure. If	you are filing Form 84	3 to request a refu	und or abatement relat	ing to a joint retur	n both you	and v	our spouse n	nust sign the claim	
				porate officer authorize					naot oigh the olaini	
		<u> </u>		laim, including accompany					owledge and belief, it is	
true, cor	rect, and	d complete. Declaration of	preparer (other than t	axpayer) is based on all info	ormation of which pre	parer has any	knowle	dge.		
02.07.23						07.23				
Signatur	e (Title,	if applicable. Claims by cor	rporations must be sig	gned by an officer.)				Date		
Signatur	re (spous	se, if joint return)						Date		
	, , , , ,	Print/Type preparer's nam	ne	Preparer's signature		Date			PTIN	
Paid	aror							Check if self-employed		
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550 (Orny	Firm's address ▶					Phone	no.		

Form **8316**

Rev. January 2006

Information Regarding Request for Refund of Social Security Tax Erroneously Withheld on Wages Received by a Nonresident Alien on an F, J, or M Type Visa

OMB No. 1545 - 1862

A Was the income that the Social Security taxes were with identified by the provisions of your entry visa:	held from directly related to your cour	se of studies as
X Yes No		
B. If you checked "NO," the taxes were correctly withheld a this form.	nd you are not entitled to a refund. Do	o not complete the rest of
C If you checked "YES," you must first try to get a refund o claim with the Internal Revenue Service. If you did this b please complete the remainder of this form and attach it	ut have not been able to get a refund	
1. Has your employer paid you back for any part of the tax withheld	1	2. If yes, show amount
Yes X No		\$
3. Have you authorized your employer to claim any part of the tax a	as a credit or refund	4. If yes, show amount
Yes X No		\$
5. Has your employer claimed any part of the tax as a credit or refu	und	6. If yes, show amount
Yes X No Do	o not Know	\$
If you cannot get a statement from your employer concerning the a	bove information, please tell us why in the	e space below.
On (date) I requested a refund of Social Se I did not receive a reimbursement and was advised to appl		
7. Have you claimed any part of the tax as credit against, or a refu	nd of your Federal income tax	8. If yes, show amount
Yes X No		\$
9. Name and address of employer (include street, city, State and Z	IP code)	
NXTTHING RPO LLC 7298 UPPER CLARENTON DRI, NEW ALBANY, OH, 430	54	
Your signature		Date
		02.07.23
Your telephone number (include area code)	Convenient hours for us to call	

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us this information so that we can process your claim for refund of erroneously withheld FICA. We need to ensure that you are entitled to the refund and that your employer has not previously issued you a refund of this withholding. If you do not provide all of the information, we may not be able to process your claim. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions may be retained as long as their contents may become material in the administration of any Internal Revenue Law. Generally, tax returns and return information are confidential, as required by Code section 6103. The time needed to complete this form will vary depending on the individual circumstances. The estimated average time is 15 minutes. If you have comments concerning the accuracy of this estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, 1111 Constitution Ave. NW, Washington, DC 20224.

Please do not send your order for Form 8316 to the Tax Products Coordinating Committee. Send your forms order to the IRS National Distribution

Form **843**

(Rev. August 2011) Department of the Treasury Internal Revenue Service

Claim for Refund and Request for Abatement

► See separate instructions.

OMB No. 1545-0024

Use Form 843 if your claim or request involves:

- (a) a refund of one of the taxes (other than income taxes or an employer's claim for FICA tax, RRTA tax, or income tax withholding) or a fee, shown on line 3,
- (b) an abatement of FUTA tax or certain excise taxes, or
- (c) a refund or abatement of interest, penalties, or additions to tax for one of the reasons shown on line 5a.

- (a) an overpayment of income taxes or an employer's claim for FICA tax, RRTA tax, or income tax withholding (use the appropriate amended tax return),
- (b) a refund of excise taxes based on the nontaxable use or sale of fuels, or
- (c) an overpayment of excise taxes reported on Form(s) 11-C, 720, 730, or 2290.

Name(s)		verpayment of excis	e taxes reported	10111 01111(5) 11-0, 720, 70	10, 01 2230.	ΙΥ	our so	cial security r	 number	
VENKATA SAI ROHIT AYYAGARI							651-91-1862			
		per, street, and room or						s social secu	urity number	
1400 L	AURE	L AVE, ap. APT W80	01							
		tate, and ZIP code				E	mploye	er identification	on number (EIN)	
MINNE	APOL	IS, MINNESOTA 55	403							
Name a	nd add	dress shown on return if	different from abo	ove			Daytime	telephone ni	umber	
							refunded or abated:			
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	is rela		te the type of ta	X Of fee to be refunded of	abated of t	O WITHCIT LITE	HILCIC	st, penalty,	or addition to tax	
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		d (see instructions). If		1 3/					, ,	
			dditions to tax.	Check the box that indica	ates your rea	son for the	reque	st for refund	d or abatement. (If	
	none	apply, go to line 6.)								
		terest was assessed		-						
				ult of erroneous written a						
				lowed under the law (oth	ner than erro	oneous wri	tten ad	dvice) can	be shown for not	
		ssessing a penalty or	addition to tax.							
b	Date(s) of payment(s) ► _								
6	Origi	nal return Indicate t	he type of fee or	return, if any, filed to whi	ch the tax ii	nterest nen	alty o	r addition to		
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			040			X Other (s	pecify)			
7	Expla	nation. Explain why	you believe this	claim or request should b					he amount shown	
		e 2. If you need more								
I am	n a no	nresident alien on a F	1 visa. Section 3	3121 (b)(19) of the Interna	I Revenue C	ode and the	e regul	ations there	eunder	
				t liable for paying Social S						
				esidency rules stated in S					ode. I state that	
for c	calend	ar year 2022 I was a	full year nonresid	dent alien not liable for the	e Social Sec	urity and Me	edicare	e tax.		
Cianati	uro If	vou ere filing Form 94	2 to request a refu	und or abatement relating t	o a joint ratu	n hoth you	and va	ur analiaa n	must sign the slaim	
				porate officer authorized to					nust sign the claim.	
		<u> </u>		claim, including accompanying s					wledge and belief, it is	
				taxpayer) is based on all informat					3 ,	
J								02.	07.23	
Signature	e (Title,	if applicable. Claims by co	rporations must be sig	gned by an officer.)				Date	<u> </u>	
Signature	e (spous	se, if joint return)		1		1		Date		
Paid		Print/Type preparer's nan	ie	Preparer's signature		Date		Check if	PTIN	
Prepa		Firm's name						self-employed		
Use C	Only	Firm's name					Firm's EIN ▶			
		Firm's address ▶					Phone	HO.		

Form **8316**

Rev. January 2006

Information Regarding Request for Refund of Social Security Tax Erroneously Withheld on Wages Received by a Nonresident Alien on an F, J, or M Type Visa

OMB No. 1545 - 1862

A Was the income that the Social Security taxes were withh identified by the provisions of your entry visa:	eld from directly related to your cours	se of studies as
X Yes No		
B. If you checked "NO," the taxes were correctly withheld and this form.	d you are not entitled to a refund. Do	not complete the rest of
C If you checked "YES," you must first try to get a refund of claim with the Internal Revenue Service. If you did this bur please complete the remainder of this form and attach it to	t have not been able to get a refund	
1. Has your employer paid you back for any part of the tax withheld		2. If yes, show amount
Yes X No		\$
3. Have you authorized your employer to claim any part of the tax as	s a credit or refund	4. If yes, show amount
Yes X No		\$
5. Has your employer claimed any part of the tax as a credit or refur	nd	6. If yes, show amount
Yes X No Do	not Know	\$
If you cannot get a statement from your employer concerning the ab	ove information, please tell us why in the	space below.
On (date) I requested a refund of Social Sec I did not receive a reimbursement and was advised to apply		
7. Have you claimed any part of the tax as credit against, or a refund	d of your Federal income tax	8. If yes, show amount
Yes X No		\$
9. Name and address of employer (include street, city, State and ZIF	code)	
RUFFALO NOEL LEVITZ LLC 1025 KIRKWOOD PKWY SW, CEDAR RAPIDS, IA, 52404		
Your signature		Date
		02.07.23
Your telephone number (include area code)	Convenient hours for us to call	

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us this information so that we can process your claim for refund of erroneously withheld FICA. We need to ensure that you are entitled to the refund and that your employer has not previously issued you a refund of this withholding. If you do not provide all of the information, we may not be able to process your claim. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions may be retained as long as their contents may become material in the administration of any Internal Revenue Law. Generally, tax returns and return information are confidential, as required by Code section 6103. The time needed to complete this form will vary depending on the individual circumstances. The estimated average time is 15 minutes. If you have comments concerning the accuracy of this estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, 1111 Constitution Ave. NW, Washington, DC 20224.

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Social Security & Medicare Tax Claim for

VENKATA SAI ROHIT AYYAGARI 2022

YOUR COPY
RETAIN FOR YOUR RECORDS

(Rev. August 2011) Department of the Treasury Internal Revenue Service

Claim for Refund and Request for Abatement

► See separate instructions.

OMB No. 1545-0024

Use Form 843 if your claim or request involves:

- a refund of one of the taxes (other than income taxes or an employer's claim for FICA tax, RRTA tax, or income tax withholding) or a fee, shown on line 3,
- an abatement of FUTA tax or certain excise taxes, or
- (c) a refund or abatement of interest, penalties, or additions to tax for one of the reasons shown on line 5a.

- an overpayment of income taxes or an employer's claim for FICA tax, RRTA tax, or income tax withholding (use the appropriate amended tax return),
- a refund of excise taxes based on the nontaxable use or sale of fuels, or

(C)	an c	overpayment of ex	xcise taxes reported	on Form(s) 11-C,	720, 730, or 2290.					
Name(s	s))	our so	ocial security i	number	
VENKATA SAI ROHIT AYYAGARI							651-91-1862			
Address (number, street, and room or suite no.)							Spouse	e's social secu	ırity number	
		L AVE, ap. APT	W801							
City or town, state, and ZIP code							Employ	er identification	on number (EIN)	
		IS, MINNESOTA								
Name a	and add	lress shown on retu	ırn if different from abo	ve			Daytime telephone number			
1			arate Form 843 for ea			2			refunded or abated:	
	From			to 12/31/2022				62		
			dicate the type of tax	x or fee to be refur	nded or abated or to	which the	e inter	est, penalty,	or addition to tax	
	is rela								_	
		nployment	Estate	Gift	Excise			come	☐ Fee	
4		of penalty. If the discretions	e claim or request ir s). IRC section:	nvolves a penalty,	enter the Internal R	levenue Co	ode se	ection on wh	nich the penalty is	
5a	Intere	est, penalties, an	d additions to tax.	Check the box that	at indicates your rea	son for the	reque	est for refun	d or abatement. (If	
	none	apply, go to line 6	3.)							
	☐ In	terest was assess	sed as a result of IRS	errors or delays.						
	\square A	penalty or addition	on to tax was the res	ult of erroneous w	ritten advice from th	e IRS.				
	□ Re	easonable cause	or other reason all	owed under the I	aw (other than erro	neous wri	tten a	dvice) can	be shown for not	
	as	sessing a penalty	or addition to tax.							
b	Date(s) of payment(s)	•							
6	Origi	nal return. Indica	te the type of fee or	return, if any, filed	I to whi <mark>ch the tax, in</mark>	iterest, per	nalty, d	or addition to	o tax relates.	
	☐ 70)6	709	940		943		□ 9 ⁴	45	
		00-PF	1040			X Other (s		,		
7			vhy you believe this nore space, attach a		hould be allowed an	d show the	e com	putation of t	the amount shown	
Lam	1 2 noi	aresident alien on	a F1 visa. Section 3	2121 (b)(10) of the	Internal Payanua Co	ade and the	o rogi	lations there	under	
			en on a F1 visa is no						diadi	
			ent alien under the re						ode I state that	
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Signati	ure. If	you are filing Form	843 to request a refu	und or abatement re	elating to a joint return	n, both you	and y	our spouse r	nust sign the claim.	
			st be signed by a corp						· ·	
			nat I have examined this c						owledge and belief, it is	
true, con	rect, and	d complete. Declaratio	on of preparer (other than t	axpayer) is based on all	information of which pre	oarer has any	knowle	dge.		
02.07.23						07.23				
Signatur	e (Title,	f applicable. Claims b	y corporations must be sig	gned by an officer.)				Date		
Signature	e (spous	se, if joint return)						Date		
Paid		Print/Type preparer's	name	Preparer's signature		Date		Check if	PTIN	
Prepa	arer							self-employed		
Use (Firm's name					Firm's	EIN ►	•	
J36 (Jilly	Firm's address ▶					Phone	e no.		

Form **8316**

Rev. January 2006

Information Regarding Request for Refund of Social Security Tax Erroneously Withheld on Wages Received by a Nonresident Alien on an F, J, or M Type Visa

OMB No. 1545 - 1862

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X Yes No	
B. If you checked "NO," the taxes were correctly withheld and you are not entitled to a refund. Do this form.	o not complete the rest of
C If you checked "YES," you must first try to get a refund of the Social Security taxes from your claim with the Internal Revenue Service. If you did this but have not been able to get a refund please complete the remainder of this form and attach it to your claim Form 843.	
Has your employer paid you back for any part of the tax withheld	2. If yes, show amount
Yes X No	
	\$
3. Have you authorized your employer to claim any part of the tax as a credit or refund	4. If yes, show amount
Yes X No	
Yes X No	\$
5. Has your employer claimed any part of the tax as a credit or refund	6. If yes, show amount
Yes X No Do not Know	\$
If you cannot get a statement from your employer concerning the above information, please tell us why in the	e space below.
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7. Have you claimed any part of the tax as credit against, or a refund of your Federal income tax	8. If yes, show amount
Yes X No	
	\$
9. Name and address of employer (include street, city, State and ZIP code)	
NXTTHING RPO LLC 7298 UPPER CLARENTON DRI, NEW ALBANY, OH, 43054	
Your signature	Date
	02.07.23
Your telephone number (include area code) Convenient hours for us to call	

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(Rev. August 2011) Department of the Treasury Internal Revenue Service

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- a refund of excise taxes based on the nontaxable use or sale of fuels, or

Name(s		verpayment of ex	cise taxes reported	on Form(s) 11-C,	720, 730, or 2290.		/our or	ocial cocurity r	numbor	
							Your social security number			
VENKATA SAI ROHIT AYYAGARI Address (number, street, and room or suite no.)							651-91-1862 Spouse's social security number			
	`	,	,			(opouse	e s social secu	nty number	
1400 LAUREL AVE, ap. APT W801 City or town, state, and ZIP code						-	-mnlo	ver identification	on number (EIN)	
							_iripio ₃	er identification	of fluttiber (Eliv)	
MINNEAPOLIS, MINNESOTA 55403 Name and address shown on return if different from above							Davtim	e telephone ni	ımher	
ivairie e	and add	1033 3HOWH OH TOTAL	Ti ii diliciciii iioiii abo	,,,,			Jaytiiii	e telepriorie m	arriber	
1	Perio	d Prenare a sena	rate Form 843 for e	ach tax period or f	ee vear		2 Ar	nount to be r	efunded or abated:	
•	From	01/01/2022	14.0 1 01111 0 10 101 0	to 12/31/2022				12	oranded or abarea.	
3			icate the type of ta		nded or abated or to	which the			or addition to tax	
	is rela		71					, ,		
	X Er	nployment	☐ Estate	□ Gift	Excise		□ In	come	☐ Fee	
4		<u> </u>	claim or request in	nvolves a penalty,	enter the Internal R	evenue Co	ode se	ection on wh	nich the penalty is	
		(see instructions)							. ,	
5a	Intere	st, penalties, and	d additions to tax.	Check the box tha	t indicates your rea	son for the	requ	est for refund	d or abatement. (If	
	none	apply, go to line 6	i.)							
	☐ In	terest was assess	ed as a result of IRS	S errors or delays.						
	□ A	penalty or addition	n to tax was the res	ult of erroneous wi	ritten advice from th	e IRS.				
	□ Re	easonable cause	or other reason all	lowed under the l	aw (other than erro	neous wri	tten a	advice) can	be shown for not	
	as	sessing a penalty	or addition to tax.							
b	Date(s) of payment(s)								
	,									
6	Origi	nal return. Indicat	e the type of fee or	return, if any, filed	I to which the tax, in	iterest, per	nalty,	or addition to	tax relates.	
	□ 70	6	709] 940	941	943		□ 9 ²	15	
		0-PF	1040			X Other (s				
7					nould be allowed an	d show the	e com	putation of t	he amount shown	
	on lin	e 2. If you need m	ore space, attach a	dditional sheets.						
l ar	n a noi	resident alien on	a F1 visa. Section 3	3121 (b)(19) of the	Internal Revenue Co	ode and th	e regu	lations there	under	
					Social Security and N					
for	as long	as is a nonreside	ent alien under the r	esidency rules stat	ed in Section 7701 (b) of the Ir	nterna	I Revenue C	ode. I state that	
for	calend	ar year 2022 I was	s a full year nonresid	dent alien not liable	e for the Social Secu	rity and M	edicar	e tax.		
					elating to a joint return				nust sign the claim.	
					rized to sign, and the					
					anying schedules and sta				wledge and belief, it is	
I ue, coi	nect, and	Complete. Declaration	Tor preparer (other than t	laxpayer) is based on all	information of which prepared	Jaiei ilas aliy	KIIOWIE	age.		
4						02.	07.23			
Signatur	Signature (Title, if applicable. Claims by corporations must be signed by an officer.) Date									
Signatur	re (spous	e, if joint return)		1=				Date		
Paid		Print/Type preparer's	name	Preparer's signature Date		Date		Check if	PTIN	
Prep	arer							self-employed		
Use (Firm's name					Firm's	s EIN ▶		
Firm's address Phone no.										

Form **8316**

Rev. January 2006

Information Regarding Request for Refund of Social Security Tax Erroneously Withheld on Wages Received by a Nonresident Alien on an F, J, or M Type Visa

OMB No. 1545 - 1862

A Was the income that the Social Security taxes were withheld from directly related to your cou identified by the provisions of your entry visa:	rse of studies as
X Yes No	
B. If you checked "NO," the taxes were correctly withheld and you are not entitled to a refund. D this form.	o not complete the rest of
C If you checked "YES," you must first try to get a refund of the Social Security taxes from your claim with the Internal Revenue Service. If you did this but have not been able to get a refund please complete the remainder of this form and attach it to your claim Form 843.	
Has your employer paid you back for any part of the tax withheld	2. If yes, show amount
Yes X No	
	\$
3. Have you authorized your employer to claim any part of the tax as a credit or refund	4. If yes, show amount
Voc. W No.	
Yes X No	\$
5. Has your employer claimed any part of the tax as a credit or refund	6. If yes, show amount
Yes X No Do not Know	\$
If you cannot get a statement from your employer concerning the above information, please tell us why in the	ne space below.
On (date) I requested a refund of Social Security and Medicare taxes from my eldid not receive a reimbursement and was advised to apply directly with the Internal Revenue S	
7. Have you claimed any part of the tax as credit against, or a refund of your Federal income tax	8. If yes, show amount
Yes X No	
	\$
9. Name and address of employer (include street, city, State and ZIP code)	
RUFFALO NOEL LEVITZ LLC 1025 KIRKWOOD PKWY SW, CEDAR RAPIDS, IA, 52404	
Your signature	Date
	02.07.23
Your telephone number (include area code) Convenient hours for us to call	

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us this information so that we can process your claim for refund of erroneously withheld FICA. We need to ensure that you are entitled to the refund and that your employer has not previously issued you a refund of this withholding. If you do not provide all of the information, we may not be able to process your claim. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions may be retained as long as their contents may become material in the administration of any Internal Revenue Law. Generally, tax returns and return information are confidential, as required by Code section 6103. The time needed to complete this form will vary depending on the individual circumstances. The estimated average time is 15 minutes. If you have comments concerning the accuracy of this estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, 1111 Constitution Ave. NW, Washington, DC 20224.

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Taxes? Sorted.