Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpaver's name

| Taxpayer's name   |   |     | Social security nu | ımber          |  |  |  |  |  |
|---|---|-----|--------------------|----------------|--|--|--|--|--|
| VENKATA SAI THRINESH VA   | 153-69-87                                 | 738 |                    |                |  |  |  |  |  |
| Spouse's name   |   |     | Spouse's social s  | ecurity number |  |  |  |  |  |
|   |   |     |                    |                |  |  |  |  |  |
| Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) |   |     |                    |                |  |  |  |  |  |
| Enter whole dollars only on lines 1 t   | hrough 5.                                 |     |                    |                |  |  |  |  |  |
| Note: Form 1040-SS filers use line  | 4 only. Leave lines 1, 2, 3, and 5 blank. |     |                    |                |  |  |  |  |  |
| 1 Adjusted gross income .   |   |     | 1                  | 24,399.        |  |  |  |  |  |
| <b>2</b> Total tax  |   |     | 2                  | 1,053.         |  |  |  |  |  |
| <b>3</b> Federal income tax withheld  | from Form(s) W-2 and Form(s) 1099         |     | 3                  | 3 2,663.       |  |  |  |  |  |
| 4 Amount you want refunded t  | o you                                     |     | 4                  | l 1,610.       |  |  |  |  |  |
| 5 Amount you owe  |   |     | 5                  | 5              |  |  |  |  |  |

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

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

| X | I authorize | GLOBAL | TAXES | LLC           | to enter or generate my PIN | L |
|---|-------------|--------|-------|---------------|-----------------------------|---|
|   |             |        |       | ERO firm name |                             | 5 |

| 9          | 8                | 7               | 3               | 8          |    |
|------------|------------------|-----------------|-----------------|------------|----|
| Ent<br>don | er fiv<br>i't er | ve di<br>nter a | gits,<br>all ze | but<br>ros | as |

my

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

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

Your signature

Date

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

I authorize

to enter or generate my PIN

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

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

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

| Spouse's signature | ► Da  | ate 🕨 | •  |  |                 | <br> |   |   |   |  |
|--------------------|---|-------|----|--|-----------------|------|---|---|---|--|
|                    | Practitioner PIN Method Returns Only—continue                           | bel   | ow |  |                 |      |   |   |   |  |
| Part III Certifi   | ication and Authentication – Practitioner PIN Method Only               |       |    |  |                 |      |   |   |   |  |
| ERO's EFIN/PIN. E  | nter your six-digit EFIN followed by your five-digit self-selected PIN. | 2     | 2  |  | <br>6<br>nter a |      | 2 | 7 | 1 |  |

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

| ERO's signature 🕨                            |  | Date 🕨 |                          |
|--|--|--------|--------------------------|
|  | O Must Retain This Form — See<br>nit This Form to the IRS Unless I |        |                          |
| For Denominarily Deduction Act Nation and Vo |  |        | Earm 8870 (Bay, 01 2021) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

| <b>1040</b>                                  | -N                        | <b>IR</b> Department of the Treasury-Intern<br>U.S. Nonresident Ali  | nal Reven<br><b>en In</b> | nue Service<br>Come Tax R        | eturn           | 2023                                    | OMB No.   | 1545-0074         |        | Only—Do<br>ple in this | o not write<br>space. |
|--|---------------------------|--|---------------------------|----------------------------------|-----------------|---|---|-------------------|--------|------------------------|-----------------------|
| For the year Jan                             | . 1–D                     | ec. 31, 2023, or other tax year beginn   | ing                       | ,                                | 2023, er        | nding                                   |   | , 20              |        | ee sepa                |                       |
| Your first name and middle initial Last name |                           |  |                           |                                  |                 | <u> </u>                                | instructions.  Your identifying number (see instructions) |                   |        |                        |                       |
| VENKATA S                                    | AI                        | THRINESH VARMA   | MUNA                      | GAPATI                           |                 |   |   | 153               | -69-8  | 3738                   |                       |
|  |                           | per and street). If you have a P.O. box  |                           |                                  |                 |   |   |                   |        | Apt. I                 | <br>10.               |
|  |                           | SITY CLUB DR   |                           |                                  |                 |   |   |                   |        | 201                    |                       |
| City, town, or po                            | ost of                    | fice. If you have a foreign address, als   | so comp                   | lete spaces below                | ' <b>.</b>      |   | State   |                   | ZIP co | ode                    |                       |
| TAMPA  |                           |  |                           |                                  |                 |   | FL  |                   | 33612  |                        |                       |
|  |                           |  |                           |                                  |                 | Foreigr                                 | n postal c  | ode               |        |                        |                       |
| Filing<br>Status<br>Check only<br>one box.   | lf :                      | Single Married filing sepa   | hild's na                 | ame if the qualifyir             | ig perso        |   | ot your de  | pendent:          | state  |                        | Trust                 |
| Digital Assets                               |                           | ny time during 2023, did you: (a) recei<br>prwise dispose of a digital asset (or a f   |                           |                                  |                 |   |   |                   |        |                        | 🗙 No                  |
| Dependents                                   |                           |  |                           |                                  |                 |   | (4) 🤇   | Check the b       |        |                        |                       |
| (see instructions):                          | ×                         | (1) First name Last name   |                           | (2) Dependent<br>identifying num |                 | (3) Relationship to                     | vou C   | hild tax cre      | dit    | Credit foi<br>depend   |                       |
|  |                           |  |                           |                                  |                 | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,   |                   |        |                        |                       |
| If more than four                            |                           |  |                           |                                  |                 |   |   | $\overline{\Box}$ |        |                        |                       |
| dependents, see instructions and             |                           |  |                           |                                  |                 |   |   |                   |        |                        |                       |
| check here                                   |                           |  |                           |                                  |                 |   |   |                   |        |                        |                       |
| Income                                       | 1a                        | Total amount from Form(s) W-2, box   | 1 (see i                  | nstructions) .                   |                 |   |   | . 1               | a      | 24,                    | 399.                  |
| Effectively                                  | b                         | Household employee wages not reported on Form(s) W-2   |                           |                                  |                 |   |   |                   | b      |                        |                       |
| Connected                                    | с                         | Tip income not reported on line 1a (s  | see instr                 | uctions)                         |                 |   |   | . 1               | c      |                        |                       |
| With U.S.                                    | d                         | Medicaid waiver payments not report  | ted on F                  | Form(s) W-2 (see i               | nstructio       | ons)                                    |   | . 1               | d      |                        |                       |
| Trade or                                     | е                         | Taxable dependent care benefits fro  | m Form                    | 2441, line 26 .                  |                 |   |   | . 1               | e      |                        |                       |
| Business                                     | f                         | f Employer-provided adoption benefits from Form 8839, line 29  |                           |                                  |                 |   |   |                   | f      |                        |                       |
| Attach                                       | g                         |  |                           |                                  |                 |   | g   |                   |        |                        |                       |
| Form(s) W-2,                                 | h                         | Other earned income (see instruction   |                           |                                  |                 |   |   | . 1               | h      |                        |                       |
| 1042-S,                                      | i Reserved for future use |  |                           |                                  |                 |   |   |                   |        |                        |                       |
| SSA-1042-S,<br>RRB-1042-S,                   | J                         | Reserved for future use  |                           |                                  |                 | 1 1                                     |   | . 1               | j      |                        |                       |
| and 8288-A<br>here. Also                     | k                         | k       Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L,         line 1(e)       .         line 1(e)       . |                           |                                  |                 |   |   |                   |        |                        |                       |
| attach<br>Form(s)                            | z                         | Add lines 1a through 1h  | 1                         | · · · · ·                        |                 |   |   |                   |        | 24,                    | 399.                  |
| 1099-R if                                    | 2a                        | Tax-exempt interest 2a   |                           |                                  |                 | ble interest                            |   |                   |        |                        |                       |
| tax was<br>withheld.                         | 3a<br>⊿a                  | Qualified dividends 3a   | -                         |                                  |                 | ble amount                              |   |                   |        |                        |                       |
| If you did not                               | 4a<br>5a                  | IRA distributions 4a<br>Pensions and annuities 5a  |                           |                                  |                 | ble amount                              |   |                   | -      |                        |                       |
| get a Form                                   | 5а<br>6                   | Reserved for future use  |                           |                                  |                 |   |   |                   |        |                        |                       |
| W-2, see                                     | 7                         | Capital gain or (loss). Attach Schedu  |                           |                                  |                 |   |   |                   | _      |                        |                       |
| instructions.                                | 8                         | Additional income from Schedule 1 (  |                           |                                  |                 | -                                       |   |                   |        |                        |                       |
|  | 9                         | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8   |                           |                                  |                 |   |   |                   |        | 24,                    | 399.                  |
|  | 10                        | Adjustments to income from Sched   |                           |                                  |                 |   |   |                   |        | ,                      |                       |
|  |                           | income   | •                         | ,.                               |                 |   | -   |                   | 0      |                        |                       |
|  | 11                        | Subtract line 10 from line 9. This is y  |                           |                                  |                 |   |   |                   | 1      | 24,                    | 399.                  |
|  | 12                        | Itemized deductions (from Schedu deduction (see instructions)  | le A (Fo                  | rm 1040-NR)) or,                 | for certa       | in residents of Ir                      | idia, stano   | dard              | 2      | 13,                    | 850.                  |
|  | 13a                       | Qualified business income deduction  |                           |                                  |                 |   |   |                   |        |                        |                       |
|  | b                         | Exemptions for estates and trusts or   |                           |                                  |                 |   |   |                   |        |                        |                       |
|  | с                         | Add lines 13a and 13b  | •                         | ,                                |                 |   |   | . 13              | lc .   |                        |                       |
|  | 14                        |  |                           |                                  |                 |   |   |                   | 4      | 13,                    | 850.                  |
|  | 15                        | Subtract line 14 from line 11. If zero   | or less,                  | enter -0 This is y               | our <b>taxa</b> | ble income                              | <u> </u>  | . 1               | 5      | 10,                    | 549.                  |
| For Disclosure,                              | Priva                     | cy Act, and Paperwork Reduction Act  | Notice,                   | see separate inst                | uctions.        |   |   |                   | Form 1 | 040-N                  | <b>R</b> (2023)       |

| Form 1040-NR (2   | 2023)         |   |             | Page <b>2</b>   |
|-------------------|---------------|---|-------------|-----------------|
| Tax and           | 16            | Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3  | 16          | 1,053.          |
| Credits           | 17            | Amount from Schedule 2 (Form 1040), line 3  | 17          | 0.              |
|                   | 18            | Add lines 16 and 17   | 18          | 1,053.          |
|                   | 19            | Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)  | 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          | 1,053.          |
|                   | 23a           | Tax on income not effectively connected with a U.S. trade or business from         Schedule NEC (Form 1040-NR), line 15   |             |                 |
|                   | b             | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21  |             |                 |
|                   | с             | Transportation tax (see instructions)   |             |                 |
|                   | d             | Add lines 23a through 23c   | 23d         |                 |
|                   | 24            | Add lines 22 and 23d. This is your total tax  | 24          | 1,053.          |
| Payments          | 25            | Federal income tax withheld from:   |             |                 |
|                   | а             | Form(s) W-2   |             |                 |
|                   | b             | Form(s) 1099  |             |                 |
|                   | с             | Other forms (see instructions)  |             |                 |
|                   | d             | Add lines 25a through 25c   | 25d         | 2,663.          |
|                   | 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 return   | 26          |                 |
|                   | 27            | Reserved for future use         . |             |                 |
|                   | 28            | Additional child tax credit from Schedule 8812 (Form 1040)  |             |                 |
|                   | 29            | Credit for amount paid with Form 1040-C   |             |                 |
|                   | 30            | Reserved for future use         . |             |                 |
|                   | 31            | Amount from Schedule 3 (Form 1040), line 15   |             |                 |
|                   | 32            | Add lines 28, 29, and 31. These are your total other payments and refundable credits  | 32          |                 |
|                   | 33            | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments   | 33          | 2,663.          |
| Refund            | 34            | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>  | 34          | 1,610.          |
|                   | 35a           | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here  | 35a         | 1,610.          |
| Direct deposit?   | b             | Routing number         2         6         7         0         8         4         1         3         1         c Type:         C Checking         Savings   |             |                 |
| See instructions. | d             | Account number 7 6 7 0 5 9 7 9 0  |             |                 |
|                   | е             | If you want your refund check mailed to an address outside the United States not shown on page 1,   |             |                 |
|                   |               | enter it here   |             |                 |
|                   | 36            | Amount of line 34 you want applied to your 2024 estimated tax 36  |             |                 |
| Amount            | 37            | Subtract line 33 from line 24. This is the <b>amount you owe</b> .  |             |                 |
| You Owe           |               | For details on how to pay, go to www.irs.gov/Payments or see instructions   | 37          |                 |
|                   | 38            | Estimated tax penalty (see instructions)  |             | _               |
| Third             | Do yo         | u want to allow another person to discuss this return with the IRS? See instructions. $\Box$ Yes. Comp  | lete below. | 🔀 No            |
| Party<br>Designee | Desig<br>name |   | ication     |                 |
|                   |               | penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the<br>they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which  |             |                 |
| Sign              | Your          | signature Date Your occupation If th  | e IRS sent  | you an Identity |
| Here              |               |   | ection PIN  | , enter it here |
|                   |               | ENGINEER (see   | e inst.)    |                 |
|                   | Phone         |   |             |                 |
| Paid              | •             | rer's name Preparer's signature Date PTIN   |             | eck if:         |
| Preparer          | SYAN          | 1 PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/23/2024 P0208   | 2703   L    | Self-employed   |
| Use Only          | Firm's        | name GLOBAL TAXES LLC Phone r   | 1           | )965-9522       |
|                   | Firm's        | address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E   |             |                 |
| Go to www.irs.g   | gov/Foi       | <i>m1040NR</i> for instructions and the latest information. <b>BAA</b> REV 03/07/24 PRO   | Form        | 1040-NR (2023)  |

### SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

Form 4797, or both.

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

OMB No. 1545-0074

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

| 2023                                 |
|--------------------------------------|
| Attachment<br>Sequence No. <b>7B</b> |

Your identifying number

153-69-8738

VENKATA SAI THRINESH VARMA MUNAGAPATI

| Enter a            | amount of income und   | er the a                | appropriate rate of tax. See instructions.   |                                 |     |                                    |                 |                         |  |  |
|--------------------|--|-------------------------|--|---------------------------------|-----|------------------------------------|-----------------|-------------------------|--|--|
|                    | Nature of Income   |                         |  |                                 |     | <b>(a)</b> 10%                     | <b>(b)</b> 15%  | (c) 30%                 | (d) Other  | r (specify)  |
|                    |  | Insture of Income       |  |                                 |     | (a) 1070                           | (b) 1370        | (0) 50 %                | %  | %  |
| 1                  | Dividends and divide   | end equ                 | uivalents:   |                                 |     |                                    |                 |                         |  |  |
| а                  | Dividends paid by U  |                         |  |                                 | 1a  |                                    |                 |                         |  |  |
| b                  | Dividends paid by fo   | reign c                 | corporations   |                                 | 1b  |                                    |                 |                         |  |  |
| С                  | Dividend equivalent p  | aymen                   | ts received with respect to section 871(m) t   | transactions                    | 1c  |                                    |                 |                         |  |  |
| 2                  | Interest:  |                         |  |                                 |     |                                    |                 |                         |  |  |
| а                  | Mortgage   |                         |  |                                 | 2a  |                                    |                 |                         |  |  |
| b                  | Paid by foreign corp   | oration                 | IS   |                                 | 2b  |                                    |                 |                         |  |  |
| С                  | Other  |                         |  |                                 | 2c  |                                    |                 |                         |  |  |
| 3                  | Industrial royalties (p  | atents                  | , trademarks, etc.)  |                                 | 3   |                                    |                 |                         |  |  |
| 4                  |  |                         | ight royalties   |                                 | 4   |                                    |                 |                         |  |  |
| 5                  | Other royalties (copy  | rights,                 | recording, publishing, etc.)   |                                 | 5   |                                    |                 |                         |  |  |
| 6                  |  |                         | natural resources royalties  |                                 | 6   |                                    |                 |                         |  |  |
| 7                  |  |                         |  |                                 | 7   |                                    |                 |                         |  |  |
| 8                  | Social security benef  | fits .                  |  |                                 | 8   |                                    |                 |                         |  |  |
| 9                  |  |                         | elow   |                                 | 9   |                                    |                 |                         |  |  |
| 10                 | Gambling-Resident  | ts of Ca<br><b>r -0</b> | anada only. Enter net income in column (c  | c).                             |     |                                    |                 |                         |  |  |
| а                  | Winnings   |                         |  |                                 |     |                                    |                 |                         |  |  |
| b                  | Losses   |                         |  |                                 | 10c |                                    |                 |                         |  |  |
| 11                 | Gambling-Resident<br>Note: Enter winnings  | ts of co<br>s only.     | ountries other than Canada.<br>Losses aren't allowed   |                                 | 11  |                                    |                 |                         |  |  |
| 12                 |  |                         |  |                                 |     |                                    |                 |                         |  |  |
|                    |  |                         |  |                                 | 12  |                                    |                 |                         |  |  |
| 13                 |  |                         | columns (a) through (d)  |                                 | 13  |                                    |                 |                         |  |  |
| 14                 | Multiply line 13 by r  | ate of                  | tax at top of each column  |                                 | 14  |                                    |                 |                         |  |  |
| 15                 | Tax on income not e  | ffective                | ely connected with a U.S. trade or busines   |                                 |     |                                    |                 |                         | )-NR, line 23a <b>15</b>                                       |  |
|                    |  |                         | Capital Gains an   | d Losses I                      | rom | Sales or Excha                     | anges of Proper | ty                      |  |  |
| losses t<br>exchan | nly the capital gains and<br>from property sales or<br>ges that are from sources<br>he United States and not | 16                      | (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below) | <b>(b)</b> Date acq<br>mm/dd/yy |     | <b>(c)</b> Date sold<br>mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS<br>If (e) is more than (d),<br>subtract (d) from (e). | (g) GAIN<br>If (d) is more than (e),<br>subtract (e) from (d). |
| effectiv           | ely connected with a U.S.<br>ss. Do not include a gain   |                         |  |                                 |     |                                    |                 |                         |  |  |
| or loss            | on disposing of a U.S. real  |                         |  |                                 |     |                                    |                 |                         |  |  |
| gains a            | y interest; report these<br>nd losses on Schedule D  |                         |  |                                 |     |                                    |                 |                         |  |  |
| (Form 1            | •  |                         |  |                                 |     |                                    |                 |                         |  |  |
| exchan             | property sales or<br>ges that are effectively  |                         |  |                                 |     |                                    |                 |                         |  |  |
|                    | ted with a U.S. business edule D (Form 1040).  | 17                      | Add columns (f) and (g) of line 16 .   |                                 |     |                                    |                 | 17                      | ( )  |  |

. . . . . . . . . (y)

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

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

## **Other Information**

Attach to Form 1040-NR.

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

OMB No. 1545-0074 20 23

|         | ent of the Treasury Go<br>Revenue Service                          | to www.irs.gov/Form1040N<br>Ans | <i>IR</i> for instructions and swer all questions. | the latest information  |               | Attachment<br>Sequence N | o. 7C      |
|---------|--|---------------------------------|--|-------------------------|---------------|--------------------------|------------|
| Name sh | nown on Form 1040-NR   |                                 |  |                         | Your identify | -                        |            |
| VENK    | ATA SAI THRINESH VA  | RMA MUNAGAPATI                  |  |                         | 153-69-       | -8738                    |            |
| Α       | Of what country or countries                                       |                                 |  |                         |               |                          |            |
| в       | In what country did you claim                                      |                                 |  |                         |               |                          |            |
| С       | Have you ever applied to be a                                      | a green card holder (lawful p   | permanent resident) of                             | the United States? .    |               | . 🗌 Yes                  | 🛛 No       |
| D       | Were you ever:   |                                 |  |                         |               | _                        |            |
|         |  |                                 |  |                         |               |                          | 🛛 No       |
| 2.      | A green card holder (lawful pe                                     | ,                               |  |                         |               | . 🗌 Yes                  | 🔀 No       |
| -       | If you answer "Yes" to (1) or (2)                                  |                                 |  |                         |               |                          |            |
| E       | If you had a visa on the last immigration status on the last       |                                 |  |                         | -             |                          |            |
| F       | Have you ever changed your   |                                 |  |                         |               |                          | 🗙 No       |
| г       | If you answered "Yes," indica                                      | ite the date and nature of th   | alus) or 0.5. Immigratio                           |                         |               |                          |            |
| G       | List all dates you entered and                                     | Left the United States durin    | na 2023. See instruction                           | <br>ns                  |               |                          |            |
|         | <b>Note:</b> If you're a resident of (                             |                                 | •  |                         | ent interval  | 5.                       |            |
|         | check the box for Canada o   |                                 |  |                         | Mexic         |                          |            |
|         | Date entered United States   | Date departed United Stat       | tes Da   | te entered United State | s Date d      | eparted United           | d States   |
|         | mm/dd/yy   | mm/dd/yy                        |  | mm/dd/yy                |               | mm/dd/yy                 |            |
|         |  |                                 |  |                         |               |                          |            |
|         |  |                                 |  |                         |               |                          |            |
|         |  |                                 |  |                         |               |                          |            |
|         |  |                                 |  |                         |               |                          |            |
| Н       | Give number of days (including                                     |                                 |  |                         |               | g:                       |            |
|         | 2021   | , 2022                          | , and 202  | 23365                   | · · ·         |                          | 🗙 No       |
| I       | Did you file a U.S. income tax<br>If "Yes," give the latest year a | neturn for any prior year?.     |  |                         |               | . 🗌 Yes                  |            |
| J       | Are you filing a return for a tru                                  | -<br>st?                        |  |                         |               | <br>. Ves                | 🔀 No       |
| U       | If "Yes," did the trust have a                                     |                                 |  |                         |               |                          |            |
|         | U.S. person, or receive a cont                                     |                                 |  |                         |               |                          | No         |
| к       | Did you receive total compen                                       |                                 |  |                         |               | _                        | No         |
|         | If "Yes," did you use an altern                                    |                                 |  |                         |               |                          | No         |
| L       | Income Exempt From Tax-I   |                                 |  |                         |               |                          | country,   |
|         | complete (1) through (3) below                                     | N. See Pub. 901 for more in     | formation on tax treation                          | es.                     |               |                          |            |
| 1.      | Enter the name of the country,                                     |                                 |  |                         | claimed the   | treaty benefi            | t, and the |
|         | amount of exempt income in t                                       |                                 |  |                         |               |                          |            |
|         | ( <b>a</b> ) Cou   | untry                           | (b) Tax treaty article                             |                         |               | Amount of exe            |            |
|         |  |                                 |  | claimed in prior tax ye | ars incom     | ne in current ta         | ax year    |
|         |  |                                 |  |                         |               |                          |            |
|         |  |                                 |  |                         |               |                          |            |
|         |  |                                 |  |                         |               |                          |            |
|         |  |                                 |  |                         |               |                          |            |
|         |  |                                 |  |                         |               |                          |            |
|         | (e) Total. Enter this amount of                                    | on Form 1040-NR, line 1k. [     | Do not enter it anywher                            | e else on line 1        |               |                          |            |
| 2.      | Were you subject to tax in a f                                     |                                 |  |                         |               | . 🗌 Yes                  | No         |
| 3.      | Are you claiming treaty benef                                      | its pursuant to a Competen      | t Authority determination                          | on?                     |               | . 🗌 Yes                  | 🔀 No       |
|         | If "Yes," attach a copy of the                                     | Competent Authority deterr      | mination letter to your r                          | return.                 |               |                          |            |
| М       | Check the applicable box if:                                       |                                 |  |                         |               |                          |            |
| 1.      | This is the first year you are m<br>with a U.S. trade or business  |                                 |  |                         |               |                          |            |

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . . . . . . . . . .

BAA

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

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