

For the year Jan. 1–Dec. 31, 2022, or other tax year beginning _____, 2022, ending _____, 20 _____ See separate instructions.

Filing Status

Single Married filing separately (MFS) Qualifying surviving spouse (QSS) Estate Trust

If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Check only one box.

Your first name and middle initial: **HARSHIT CHAND** Last name: **SAJJA** Your identifying number (see instructions): **6 8 1 | 7 5 | 3 8 1 1**

Home address (number and street). If you have a P.O. box, see instructions.
153 VETERANS PLACE Apt. no. **E403**

City, town, or post office. If you have a foreign address, also complete spaces below.
ITHACA State **NY** ZIP code **14850**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

(1) First name	Last name	(2) Dependent's identifying number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

If more than four dependents, see instructions and check here

Income Effectively Connected With U.S. Trade or Business	1a	Total amount from Form(s) W-2, box 1 (see instructions)		1a	25581	
	b	Household employee wages not reported on Form(s) W-2		1b		
	c	Tip income not reported on line 1a (see instructions)		1c		
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d		
	e	Taxable dependent care benefits from Form 2441, line 26		1e		
	f	Employer-provided adoption benefits from Form 8839, line 29		1f		
	g	Wages from Form 8919, line 6		1g		
	h	Other earned income (see instructions)		1h		
	i	Reserved for future use	1i			
	j	Reserved for future use		1j		
	k	Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)	1k	0		
	z	Add lines 1a through 1h		1z	25581	
	2a	Tax-exempt interest	2a		2b	
	3a	Qualified dividends	3a		3b	
	4a	IRA distributions	4a	0	4b	0
5a	Pensions and annuities	5a	0	5b	0	
6	Reserved for future use		6			
7	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here <input type="checkbox"/>		7		0	
8	Other income from Schedule 1 (Form 1040), line 10		8		0	
9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income		9		25581	
10	Adjustments to income:					
a	From Schedule 1 (Form 1040), line 26	10a	0			
b	Reserved for future use	10b				
c	Reserved for future use	10c				
d	Enter the amount from line 10a. These are your total adjustments to income		10d		0	
11	Subtract line 10d from line 9. This is your adjusted gross income		11		25581	
12	Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). Standard Deduction Allowed Under U.S. - India Income Tax Treaty		12		12950	
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a				
b	Exemptions for estates and trusts only (see instructions)	13b				
c	Add lines 13a and 13b		13c			
14	Add lines 12 and 13c		14		12950	
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15		12631	

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	1310
	17	Amount from Schedule 2 (Form 1040), line 3	17	0
	18	Add lines 16 and 17	18	1310
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)	19	0
	20	Amount from Schedule 3 (Form 1040), line 8	20	0
	21	Add lines 19 and 20	21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	1310
23a	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15		23a	0
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21	23b	0
	c	Transportation tax (see instructions)	23c	0
	d	Add lines 23a through 23c	23d	0
24	Add lines 22 and 23d. This is your total tax	24	1310	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	4717
	b	Form(s) 1099	25b	0
	c	Other forms (see instructions)	25c	0
	d	Add lines 25a through 25c	25d	4717
	e	Form(s) 8805	25e	0
	f	Form(s) 8288-A	25f	0
	g	Form(s) 1042-S	25g	0
	26	2022 estimated tax payments and amount applied from 2021 return	26	0
	27	Reserved for future use	27	
28	Additional child tax credit from Schedule 8812 (Form 1040)		28	0
	Credit for amount paid with Form 1040-C		29	0
	Reserved for future use		30	
	Amount from Schedule 3 (Form 1040), line 15		31	0
	Add lines 28, 29, and 31. These are your total other payments and refundable credits		32	0
33	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments	33	4717	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3407
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3407
	b	Routing number 0 2 1 0 0 0 0 2 1 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 7 5 7 9 2 0 2 2 5		
	e	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 2023 estimated tax	36	0	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	0
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions. **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date 03/08/2023 Your occupation STUDENT If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN

SCHEDULE OI
(Form 1040-NR)

Department of the Treasury
Internal Revenue Service

Other Information

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

Attach to Form 1040-NR.
Answer all questions.

OMB No. 1545-0074

2022
Attachment
Sequence No. **7C**

Name shown on Form 1040-NR
HARSHIT CHAND SAJJA

Your identifying number
681-75-3811

- A** Of what country or countries were you a citizen or national during the tax year? INDIA
- B** In what country did you claim residence for tax purposes during the tax year? INDIA
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No
- D** Were you ever:
 - 1.** A U.S. citizen? Yes No
 - 2.** A green card holder (lawful permanent resident) of the United States? Yes No
 If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. F1
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No
If you answered "Yes," indicate the date and nature of the change: _____
- G** List all dates you entered and left the United States during 2022. See instructions.

Note: If you're a resident of Canada or Mexico **AND** commute to work in the United States at frequent intervals, **check the box for Canada or Mexico** and skip to item H. Canada Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy	Date entered United States mm/dd/yy	Date departed United States mm/dd/yy
01/01/2022	12/11/2022		

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2020 0, 2021 164, and 2022 345.
- I** Did you file a U.S. income tax return for any prior year? Yes No
If "Yes," give the latest year and form number you filed: _____
- J** Are you filing a return for a trust? Yes No
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No
- K** Did you receive total compensation of \$250,000 or more during the tax year? Yes No
If "Yes," did you use an alternative method to determine the source of this compensation? Yes No
- L** Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.
 - 1.** Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year

- (e) Total.** Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 . . .
- 2.** Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No
- 3.** Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No
If "Yes," attach a copy of the Competent Authority determination letter to your return.

- M** Check the applicable box if:
 - 1.** This is the first year you are making an election 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 . . .
 - 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 . . .

Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

2022

Go to www.irs.gov/Form8843 for the latest information.

Attachment Sequence No. **102**

Department of the Treasury
Internal Revenue Service

For the year January 1—December 31, 2022, or other tax year
beginning , 2022, and ending , 20 .

Your first name and initial HARSHIT CHAND Last name SAJJA Your U.S. taxpayer identification number, if any 681-75-3811

Fill in your addresses only if you are filing this form by itself and not with your tax return
Address in country of residence: FLAT 201, RAJYALAKSHMI ENCLAVE, DK ROAD, AMEERPET, HYDERABAD, INDIA 500016
Address in the United States: 153 VETERANS PLACE, E403, ITHACA, NY 14850

Part I General Information

- 1a Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States: F1 07/21/2021
b Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions. F1
2 Of what country or countries were you a citizen during the tax year? INDIA
3a What country or countries issued you a passport? INDIA
b Enter your passport number(s): M5180440
4a Enter the actual number of days you were present in the United States during:
2022 345 2021 164 2020 0
b Enter the number of days in 2022 you claim you can exclude for purposes of the substantial presence test: 345

Part II Teachers and Trainees

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2022:
6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2022:
7 Enter the type of U.S. visa (J or Q) you held during: 2016 2017 2018 2019 2020 2021 . If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired.
8 Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior calendar years (2016 through 2021)? [] Yes [X] No
If you checked the "Yes" box on line 8, you cannot exclude days of presence as a teacher or trainee unless you meet the Exception explained in the instructions.

Part III Students

- 9 Enter the name, address, and telephone number of the academic institution you attended during 2022: CORNELL UNIVERSITY, 300 DAY HALL, 10 EAST AVENUE., ITHACA, NY, 14853, 6072544636
10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2022: SCOTT BEEMER, 300 DAY HALL, 10 EAST AVENUE., ITHACA, NY, 14853, 6072555483
11 Enter the type of U.S. visa (F, J, M, or Q) you held during: 2016 2017 2018 2019 2020 2021 F1 . If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired.
12 Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar years? [] Yes [X] No
If you checked the "Yes" box on line 12, you must provide sufficient facts on an attached statement to establish that you do not intend to reside permanently in the United States.
13 During 2022, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status in the United States or have an application pending to change your status to that of a lawful permanent resident of the United States? [] Yes [X] No
14 If you checked the "Yes" box on line 13, explain:

Part IV Professional Athletes

15 Enter the name of the charitable sports event(s) in the United States in which you competed during 2022 and the dates of competition:

16 Enter the name(s) and employer identification number(s) of the charitable organization(s) that benefited from the sports event(s):

Note: You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable organization(s) listed on line 16.

Part V Individuals With a Medical Condition or Medical Problem

17a Describe the medical condition or medical problem that prevented you from leaving the United States. See instructions.

b Enter the date you intended to leave the United States prior to the onset of the medical condition or medical problem described on line 17a:

c Enter the date you actually left the United States:

18 Physician's Statement:

I certify that _____
Name of taxpayer

was unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem described on line 17a and there was no indication that his or her condition or problem was preexisting.

Name of physician or other medical official

Physician's or other medical official's address and telephone number

Physician's or other medical official's signature

Date

Sign here only if you are filing this form by itself and not with your tax return

Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my knowledge and belief, they are true, correct, and complete.

Your signature

03.08.23

Date