## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| Submission Identification Number (SID)   |  |  | •  |  |   |  |
|--|--|--|--|--|---|--|
| Taxpayer's name  | Soc  | Social security number   |  |  |   |  |
| AADIL SHAIK  | 7  | 712-30-9138  |  |  |   |  |
| Spouse's name  | Spo  | Spouse's social security number  |  |  |   |  |
| Part I Tax Return Information — Tax Year Ending December 31, 202   | 23 (Enter yea  | ar you ar  | e autho  | rizing.)   |   |  |
| Enter whole dollars only on lines 1 through 5.   |  |  |  | 0 /  |   |  |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.   |  |  |  |  |   |  |
| 1 Adjusted gross income  |  | [  | 1  | 27,  | 079.  |  |
| 2 Total tax  |  |  | 2  | 1,   | 367.  |  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |  |  | 3  | 2,   | 424.  |  |
| 4 Amount you want refunded to you  |  | -  | 4  | 1,   | 057.  |  |
| 5 Amount you owe   |  |  | 5  |  | -1  |  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you of Under penalties of perjury, I declare that I have examined a copy of the income tax return (original of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration and Signature Authorization (Be sure you of Under penalties of Declaration Authorization (Be sure you of Under penalties of Declaration Authorization (Be sure you of Under penalties of Declaration Authorizat   |  |  |  |  |   |  |
| return (original or amended) I am now authorizing. I consent to allow my intermediate service provice to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or real for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cance business days prior to the payment (settlement) date. I also authorize the financial institutions invo taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or am Electronic Funds Withdrawal Consent.  | son for rejection orize the U.S. To count indicate it institution to one terminate the illation requests lived in the proced to the payment. | n of the tra<br>reasury and<br>d in the tax<br>debit the ea<br>authorizat<br>s must be<br>cessing of the | Insmission dits designation of the control of the c | n, (b) the grated Fation software countries accountries accountrie | reason inancial ware for int. This ancel) a than 2 ment of that the |  |
| Taxpayer's PIN: check one box only   |  |  |  |  |   |  |
| · · · · · · · · · · · · · · · · · · ·  | generate my l  |  | 9 1  | 3 8  | ac my   |  |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing.   | generate my i  | Ente   | er five digi<br>'t enter al  |  | as my   |  |
| I will enter my PIN as my signature on the income tax return (original or amendatify you are entering your own PIN and your return is filed using the Practitioner below.  |  |  |  |  |   |  |
| Your signature ► Aadil Shaik   | Date ▶   | 03/18/2  | 2024   |  |   |  |
| Spouse's PIN: check one box only   |  |  |  |  |   |  |
| · _  | generate my l  | DINI   |  |  | as my   |  |
| ERO firm name  | generate my i  |  | r five dia   | ts. but  | as my   |  |
| signature on the income tax return (original or amended) I am now authorizing.   |  |  | t enter al   |  |   |  |
| I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN <b>and</b> your return is filed using the Practitioner below.  |  |  |  |  |   |  |
| Spouse's signature ▶   | Date ►   |  |  |  |   |  |
| Practitioner PIN Method Returns Only—continu   |  |  |  |  |   |  |
| Part III Certification and Authentication — Practitioner PIN Method Only   | ,  |  |  |  |   |  |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.  | 2 2 2  | 4 9 6  |  | 2 7  | 1   |  |
|  |  | Don't enter  | r all zeros  |  |   |  |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Proceedings of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Proceedings of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Proceedings of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Proceedings of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Proceedings of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Proceedings of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Proceedings of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Proceedings of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Proceedings of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Proceedings of the Practitioner PIN method and Pub. <b>1345</b> , Handbook for Authorized IRS <i>e-file</i> Proceedings of the Practition PIN method and Pub. <b>1345</b> , Handbook for Authorized IRS <i>e-file</i> Proceedings of the PIN method and Pub. <b>1345</b> , Handbook for PIN method PIN m | I am submitting  | g this retur   | n in acco  | ordanće v  |   |  |
| ERO's signature ▶  | Date ►   |  |  |  |   |  |
| ERO Must Retain This Form — See Instruction Don't Submit This Form to the IRS Unless Reques  |  | So   |  |  |   |  |

# 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             |                                 |                         | .0          | See separate instructions. |                            |
|---|---|--|------------------------------------|---------------------------------|-------------------------|-------------|----------------------------|----------------------------|
| Your first name and middle initial                          |   | Last na  |                                    |                                 |                         | Your iden   | tifying number             |                            |
|   |   |  |                                    |                                 |                         | (see instru | ctions)                    |                            |
| AADIL   |   |  | SHAI                               | K                               |                         |             | 712-3                      | 0-9138                     |
| Home address  | (numl   | per and street). If you have a P.O. box  | , see ins                          | tructions.                      |                         |             |                            | Apt. no.                   |
| 314 N DUN   | ICAN  | ST   |                                    |                                 |                         |             |                            | 4                          |
| City, town, or p  | ost o   | fice. If you have a foreign address, als   | so comp                            | lete spaces below.              |                         | State       | ZI                         | P code                     |
| STILLWATE   | ER  |  |                                    |                                 |                         | OK          | 7                          | 4075                       |
| Foreign country   | nam nam   | e  | Foreigr                            | n province/state/county         |                         | Foreign p   | ostal code                 |                            |
|   |   |  |                                    |                                 |                         |             |                            |                            |
| Filing  | ×   | ☐ Estate   | e 🗌 Trust                          |                                 |                         |             |                            |                            |
| Status  |   |  | c nust                             |                                 |                         |             |                            |                            |
| Check only  | "   | you checked the QSS box, enter the o   | ornia o ric                        | arrie ii trie quamying per      | on io a orma bat riot y | our dopoi   | ident.                     |                            |
| one box.  |   |  |                                    |                                 |                         |             |                            |                            |
| Digital Assets  |   | ny time during 2023, did you: (a) rece<br>rwise dispose of a digital asset (or a f |                                    |                                 |                         |             | (b) sell, exc              |                            |
| Dependents  | +   |  |                                    |                                 |                         |             |                            | qualifies for (see inst.): |
| (see instructions)  | 1   |  | (2) Dependent's identifying number |                                 |                         | Child       | tax credit                 | Credit for other           |
| (00001. 001.01.10)  |   | (1) First name Last name   |                                    |                                 | (3) Relationship to you | ı Orma      | - Tax Credit               | dependents                 |
| If more than four   |   |  |                                    |                                 |                         |             | <u> </u>                   |                            |
| dependents, see   | 1   |  |                                    |                                 |                         |             |                            | <u> </u>                   |
| instructions and  |   |  |                                    |                                 |                         |             |                            | <u> </u>                   |
| check here  | <u> </u>  |  |                                    |                                 |                         |             | <u> </u>                   |                            |
| Income  | 1a  | Total amount from Form(s) W-2, box   | •                                  | ,                               |                         |             | 1a                         | 27,079.                    |
| Effectively   | b   | Household employee wages not rep   |                                    | ` ,                             |                         |             | 1b                         |                            |
| Connected   | C   | Tip income not reported on line 1a (   |                                    | •                               |                         |             | 1c                         |                            |
| With U.S.   | d   | Medicaid waiver payments not repo  |                                    | ` '                             | ,                       |             | 1d<br>1e                   |                            |
| Trade or  | e Taxable dependent care benefits from Form 2441, line 26   |  |                                    |                                 |                         |             |                            |                            |
| Business  |   |  |                                    |                                 |                         |             |                            |                            |
| Attach  | g<br>h  | Other earned income (see instruction   |                                    |                                 |                         |             | 1g<br>1h                   |                            |
| Form(s) W-2,  | i   | Reserved for future use  | ,                                  |                                 |                         |             | 111                        |                            |
| 1042-S,<br>SSA-1042-S,                                      | i   | Reserved for future use  |                                    |                                 |                         |             | 1j                         |                            |
| RRB-1042-S,   | ,<br>k  | Total income exempt by a treaty from   |                                    |                                 | tem I                   |             | .,                         |                            |
| and 8288-A<br>here. Also                                    | ĸ   | line 1(e)  |                                    | ,                               | 1k                      |             |                            |                            |
| attach  | z   | Add lines 1a through 1h  |                                    |                                 |                         |             | 1z                         | 27,079.                    |
| Form(s)   | 2a  | Tax-exempt interest 2a   | 1                                  | 1                               | cable interest          |             | 2b                         | ,                          |
| 1099-R if tax was   | 3a  | Qualified dividends 3a   | _                                  |                                 | dinary dividends        |             | 3b                         |                            |
| withheld.   | 4a  | IRA distributions  |                                    | <b>b</b> Tax                    | able amount             |             | 4b                         |                            |
| If you did not  | 5a  | Pensions and annuities 5a  | 3                                  | <b>b</b> Tax                    | able amount             |             | 5b                         |                            |
| get a Form<br>W-2, see                                      | 6   | Reserved for future use  |                                    |                                 |                         |             | 6                          |                            |
| instructions.   | 7   | Capital gain or (loss). Attach Schedu  | ıle D (Fo                          | rm 1040) if required. If n      | ot required, check her  | e 🗆         | 7                          |                            |
|   | 8   | Additional income from Schedule 1  | (Form 10                           | 040), line 10                   |                         |             | 8                          |                            |
|   | 9   | Add lines 1z, 2b, 3b, 4b, 5b, 7, and   | 8. This is                         | your total effectively o        | onnected income .       |             | 9                          | 27,079.                    |
|   | 10  | Adjustments to income from Schedincome   |                                    | •                               | •                       |             | 10                         |                            |
|   | 11 Subtract line 10 from line 9. This is your adjusted gross income   |  |                                    |                                 |                         |             | 11                         | 27,079.                    |
|   | 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions) |  |                                    |                                 |                         |             |                            | 13,850.                    |
|   | 13a Qualified business income deduction from Form 8995 or Form 8995-A .   13a   |  |                                    |                                 |                         |             | ty <b>12</b>               | <u> </u>                   |
|   | b Exemptions for estates and trusts only (see instructions)   |  |                                    |                                 |                         |             |                            |                            |
|   | c Add lines 13a and 13b   |  |                                    |                                 |                         |             |                            |                            |
|   | 14  | Add lines 12 and 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            | <u> </u>    | 15                         | 13,229.                    |

| Form 1040-NR (2   | 2023)   |   |  |                         |                     |         |                     |              |               | Page ∠           |
|-------------------|---|---|--|-------------------------|---------------------|---------|---------------------|--------------|---------------|------------------|
| Tax and           | 16  | Tax (see instructions). Check if any  | from Forr  | m(s): <b>1</b>          | 314 <b>2</b> 497    | 2 3     | 3 🗆 <u> </u>        |              | 16            | 1,367.           |
| Credits           | 17  | Amount from Schedule 2 (Form 10   | 40), line :  | 3                       |                     |         |                     |              | 17            | 0.               |
|                   | <b>18</b> Add lines 16 and 17   |   |  |                         |                     |         |                     |              | 18            | 1,367.           |
|                   | 19 Child tax credit or credit for other dependents from Schedule 8812 (Form 1040) |   |  |                         |                     |         |                     |              | 19            |                  |
|                   | 20  | Amount from Schedule 3 (Form 10   | 140), line   | 8                       |                     |         |                     |              | 20            |                  |
|                   | 21  | Add lines 19 and 20   |  |                         |                     |         |                     |              | 21            |                  |
|                   | 22  | Subtract line 21 from line 18. If zero or less, enter -0                              |  |                         |                     |         |                     |              | 22            | 1,367.           |
|                   | 23a   | Tax on income not effectively conn<br>Schedule NEC (Form 1040-NR), lin                |  |                         |                     | 23a     |                     |              |               |                  |
|                   | b   | Other taxes, including self-employ  | ment tax   | , from Schedul          | e 2 (Form 1040),    |         |                     |              |               |                  |
|                   |   | line 21   |  |                         |                     | 23b     |                     |              |               |                  |
|                   | С   | Transportation tax (see instructions  | s)   |                         |                     | 23c     |                     |              |               |                  |
|                   | d   | Add lines 23a through 23c   |  |                         |                     |         |                     |              | 23d           | 1                |
|                   | 24  | Add lines 22 and 23d. This is your  | total tax  |                         |                     |         |                     |              | 24            | 1,367.           |
| Payments          | 25  | Federal income tax withheld from:   |  |                         |                     |         |                     |              |               |                  |
| •                 | а   | Form(s) W-2   |  |                         |                     | 25a     | :                   | 2,424.       |               |                  |
|                   | b   | Form(s) 1099  |  |                         |                     | 25b     |                     |              |               |                  |
|                   | С   | Other forms (see instructions) .  |  |                         |                     | 25c     |                     |              |               |                  |
|                   | d   | Add lines 25a through 25c   |  |                         |                     |         |                     |              | 25d           | 2,424.           |
|                   | е   | Form(s) 8805  |  |                         |                     |         |                     |              | 25e           |                  |
|                   | f   | Form(s) 8288-A  |  |                         |                     |         |                     |              | 25f           |                  |
|                   | g   | Form(s) 1042-S  |  |                         |                     |         |                     |              | 25g           |                  |
|                   | 26  | 2023 estimated tax payments and   |  |                         |                     |         |                     |              | 26            |                  |
|                   | 27  | Reserved for future use   |  |                         |                     | 27      |                     |              |               |                  |
|                   | 28  | Additional child tax credit from Scl  | hedule 88  | 312 (Form 1040          | )                   | 28      |                     |              |               |                  |
|                   | 29  | Credit for amount paid with Form  |  | •                       | ,                   | 29      |                     |              |               |                  |
|                   | 30  | Reserved for future use   |  |                         |                     | 30      |                     |              |               |                  |
|                   | 31  | Amount from Schedule 3 (Form 10   |  |                         |                     | 31      |                     |              |               |                  |
|                   | 32  | ,   | d lines 28, 29, and 31. These are your total other payments and refundable credits |                         |                     |         |                     |              | 32            |                  |
|                   | 33  | Add lines 25d, 25e, 25f, 25g, 26, a   |  |                         |                     |         |                     |              | 33            | 2,424.           |
| Refund            | 34  | If line 33 is more than line 24, subt   |  |                         |                     |         |                     |              | 34            | 1,057.           |
|                   | 35a   | Amount of line 34 you want refund   | ded to yo  | <b>u</b> . If Form 8888 | is attached, chec   | k here  |                     | . 🗆          | 35a           | 1,057.           |
| Direct deposit?   | b   | Routing number 1 0 3 0 0 0 6 4 8 c Type: 🗵 Checking                                   |  |                         |                     |         |                     |              |               |                  |
| See instructions. | d   | Account number 8 8 5 6 1 8 1 3 9  |  |                         |                     |         |                     |              |               |                  |
|                   | е   |   |  |                         |                     |         |                     |              |               |                  |
|                   |   | enter it here.  |  |                         |                     |         |                     | , ,          |               |                  |
|                   | 36  | Amount of line 34 you want applie   |  |                         |                     | 36      |                     |              |               |                  |
| Amount            | 37  | Subtract line 33 from line 24. This   | is the <b>am</b>   | nount you owe.          |                     |         |                     |              |               | 1                |
| You Owe           |   | For details on how to pay, go to w  | ww.irs.go  | ov/Payments or          | see instructions .  |         |                     |              | 37            | 1                |
|                   | 38  | Estimated tax penalty (see instruct   | tions) .   |                         |                     | 38      |                     |              |               |                  |
| Third             | Do yo   | u want to allow another person to d   | liscuss th   | nis return with th      | ne IRS? See instruc | ctions. | □ Ye                | es. Comple   | ete bel       | low. 🗵 <b>No</b> |
| Party             | Design  | nee's   |  | Phone                   |                     |         | Perso               | nal identifi | cation        |                  |
| Designee          | name  |   |  | no.                     |                     |         | numbe               | er (PIN)     |               |                  |
|                   |   | penalties of perjury, I declare that I have they are true, correct, and complete. Dec |  |                         |                     |         |                     |              |               |                  |
| Sign              | Your signature Date Your occupation   |   |  |                         | If the              | IRS s   | ent you an Identity |              |               |                  |
| Here              | A   |   |  |                         |                     |         | PIN, enter it here  |              |               |                  |
|                   |   |   |  |                         |                     |         | (see                | ınst.)       |               |                  |
|                   | Phone no. 405-894-9775 Email address aadil.shaik@okstate.edu                      |   |  |                         |                     |         |                     |              |               | 01 1 11          |
| Paid              |   |   | •  | s signature             |                     | Date    | 0.4655              | PTIN         |               | Check if:        |
| Preparer          |   |   |  |                         |                     |         | P02082              | -            | Self-employed |                  |
| Use Only          | Firm's name GLOBAL TAXES LLC  |   |  |                         |                     |         |                     | Phone no     |               | 78)965-9522      |
|                   | Firm's  | address 245 ROONEY CT   | E BR   | UNSWICK N               | J 08816             |         |                     | Firm's El    | N             |                  |

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

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Your identifying number

AADIL SHAIK 712-30-9138 Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) **Nature of Income** (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c 3 4 Motion picture or TV copyright royalties . . . . . . . . . . . . . . 5 Real property income and natural resources royalties 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings \_\_\_\_\_ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) . . . . . . . . . . . . 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and (f) LOSS 16 (a) Kind of property and description (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-18 Form 4797, or both.

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

#### **Other Information**

Attach to Form 1040-NR.

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

OMB No. 1545-0074

Attachment Sequence No. **7C** 

| Nam   | e snown on Form 1040-NR  |   |                          | Your identifying number  |               |  |  |  |  |
|---|--|---|--------------------------|--------------------------|---------------|--|--|--|--|
| AA  | DIL SHAIK  |   |                          | 712-30-9138              |               |  |  |  |  |
| Α   | Of what country or countries were you a citizen or nationa   |   |                          |                          |               |  |  |  |  |
| В   | In what country did you claim residence for tax purposes   |   |                          |                          |               |  |  |  |  |
| С   | Have you ever applied to be a green card holder (lawful pe   | Have you ever applied to be a green card holder (lawful permanent resident) of the United States? |                          |                          |               |  |  |  |  |
| D   | Were you ever:   | ,   |                          | Yes                      | S ⊠ No        |  |  |  |  |
|   | 1. A U.S. citizen?   |   |                          | 🗆 Yes                    | ⊠ No          |  |  |  |  |
|   | 2. A green card holder (lawful permanent resident) of the Uni  |   |                          |                          |               |  |  |  |  |
|   | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, f  |   |                          |                          |               |  |  |  |  |
| E   | If you had a visa on the last day of the tax year, enter you   | •   |                          | ter vour U.S             |               |  |  |  |  |
| _   | immigration status on the last day of the tax year, shift y  |   |                          | -                        |               |  |  |  |  |
| F   | Have you ever changed your visa type (nonimmigrant stati   | us) or U.S. immigratio  | on status?               | Yes                      | s ⊠ No        |  |  |  |  |
|   | If you answered "Yes," indicate the date and nature of the   | ala a a a a a   |                          |                          |               |  |  |  |  |
| G   | List all dates you entered and left the United States during   |   |                          |                          |               |  |  |  |  |
|   | Note: If you're a resident of Canada or Mexico AND com   |   |                          |                          |               |  |  |  |  |
|   | check the box for Canada or Mexico and skip to item H  | <u>.</u> <u></u>  | 🗌 Canada                 | ☐ Mexico                 |               |  |  |  |  |
|   | Date entered United States Date departed United State  | s Da <sup>-</sup>   | te entered United States |                          |               |  |  |  |  |
|   | mm/dd/yy mm/dd/yy  |   | mm/dd/yy                 | mm/dd/y                  | у             |  |  |  |  |
|   |  |   |                          |                          |               |  |  |  |  |
|   |  |   |                          |                          |               |  |  |  |  |
|   |  |   |                          |                          |               |  |  |  |  |
|   |  |   |                          |                          |               |  |  |  |  |
| Н   | Give number of days (including vacation, nonworkdays, and  |   | •                        | _                        |               |  |  |  |  |
|   | 2021, 2022   | , and 202   | 23 365                   |                          |               |  |  |  |  |
| I   | Did you file a U.S. income tax return for any prior year? . If "Yes," give the latest year and form number you filed:                                |   |                          | 🗌 Yes                    | s ⊠ No        |  |  |  |  |
| J   | Are you filing a return for a trust?   |   |                          | Yes                      | ⊠ No          |  |  |  |  |
|   | If "Yes," did the trust have a U.S. or foreign owner under   | or loan to a  |                          |                          |               |  |  |  |  |
|   | U.S. person, or receive a contribution from a U.S. person?   | '   |                          | · · · · 🗌 Yes            | s □ No        |  |  |  |  |
| Κ   | Did you receive total compensation of \$250,000 or more of   | luring the tax year?.   |                          | 🗌 Yes                    | ⊠ No          |  |  |  |  |
|   | If "Yes," did you use an alternative method to determine the   |   |                          |                          | i □ 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.   |   |                          |                          |               |  |  |  |  |
|   | <ol> <li>Enter the name of the country, the applicable tax treaty artic<br/>amount of exempt income in the columns below. Attach Follows.</li> </ol> |   |                          | claimed the treaty bene  | efit, and the |  |  |  |  |
|   | (a) Country  | (b) Tax treaty article  | (c) Number of month      | s (d) Amount of e        | exempt        |  |  |  |  |
|   | (, , , , , , , , , , , , , , , , , , ,   | . ,   | claimed in prior tax ye  | ` '                      |               |  |  |  |  |
|   |  |   |                          |                          |               |  |  |  |  |
|   |  |   |                          |                          |               |  |  |  |  |
|   |  |   |                          |                          |               |  |  |  |  |
|   |  |   |                          |                          |               |  |  |  |  |
|   |  |   |                          |                          |               |  |  |  |  |
|   |  |   |                          |                          |               |  |  |  |  |
|   | (e) Total. Enter this amount on Form 1040-NR, line 1k. Do  | not enter it anywher  | e else on line 1         |                          |               |  |  |  |  |
|   | 2. Were you subject to tax in a foreign country on any of the  | -   |                          | 🗌 Yes                    | No            |  |  |  |  |
|   | 3. Are you claiming treaty benefits pursuant to a Competent  | Authority determination   | on?                      | 🗌 Yes                    | ⊠ No          |  |  |  |  |
| If "Yes," attach a copy of the Competent Authority determination letter to your return. |  |   |                          |                          |               |  |  |  |  |
| М   | Check the applicable box if:   | -   |                          |                          |               |  |  |  |  |
|   | 1. This is the first year you are making an election to treat inc  |   | rty located in the Unite | ed States as effectively | connected     |  |  |  |  |
|   | with a U.S. trade or business under section 871(d). See ins  |   | -                        |                          |               |  |  |  |  |
|   | 2. You have made an election in a previous year that has states as effectively connected with a U.S. trade or business.                              |   |                          | al property located in   | the United    |  |  |  |  |