

Submitting Your 2023 U.S. Tax documents

- ✓ **Congratulations! Based on the info entered into GLACIER Tax Prep ("GTP"), you are due a tax refund!**

Please note that it may take longer than 10 months **after you mail your tax return** to receive your refund. Check your tax refund status at <https://www.irs.gov/Refunds>. Please do NOT contact the GTP Support Center regarding your tax refund because we have no information about the status of your refund.

- ✓ **You must PRINT, SIGN, and MAIL your Form 1040-NR and all required attachments. GTP WILL NOT submit your tax documents for you.**
- ✓ **Please handwrite your SIGNATURE and date your tax return – DO NOT PRINT YOUR NAME.** Your tax return is not considered valid until it contains a signature, not a printed name!
- ✓ **Because you are due a refund, MAIL your signed and dated tax documents to the following address - no street address is needed.**

**Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0215
USA**

- ✓ **Don't forget anything!** Attach your documents in the following order:

First - Copy C of each **Form 1042-S**, attach to the front of Form 1040-NR
Then - Copy B of each **Form W-2**, attach to the front of Form 1040-NR
Then - **Form 1040-NR**
Then - **Schedule OI – Other Information**
Then - **Form 8843**

Note: If you received a Form 1095-B, 1095-C or 1098-T, **do not** attach it to your Form Form 1040-NR.

- ✓ **Based on your situation, you MUST submit your signed and dated tax documents on or before April 15, 2024.**
- ✓ **MAKE and KEEP A COPY OF YOUR SIGNED AND DATED Form 1040-NR AND DOCUMENTS!** You must keep the copy of your signed tax return and documents for three calendar years after the year in which you file. Keep the copy of your tax documents even after you leave the U.S., you may be asked to show proof that you complied with U.S. tax laws when applying for future entry to the U.S.
- ✓ **You may also be required to file a STATE tax return for each state in which you lived or worked during 2023.** GTP does not complete state tax forms; please review the tax information on the websites of the states in which you lived and/or worked during 2023 for more information.

THANK YOU for using GTP!

Please tell us what you think about GTP. Send your comments to help@glaciertax.com

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For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial: **Shubham J** Last name: **Thakar** Your identifying number (see instructions): **702 95 7126**

Home address (number and street). If you have a P.O. box, see instructions. **909 s locust st apt 204** Apt. no. _____

City, town, or post office. If you have a foreign address, also complete spaces below. **Champaign** State: **IL** ZIP code: **61820**

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

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.

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

| Dependents (see instructions): | (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"/> |

| | | | | |
|---|---|-------------|-----------------|-----------------|
| Income Effectively Connected With U.S. Trade or Business Attach Form(s) W-2, 1042-S, SSA-1042-S, RRB-1042-S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. | 1a Total amount from Form(s) W-2, box 1 (see instructions) | | 1a | 11432.00 |
| | 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 | 0.00 | |
| | z Add lines 1a through 1h | | 1z | 11432.00 |
| | 2a Tax-exempt interest | 2a | | |
| | 3a Qualified dividends | 3a | | |
| | 4a IRA distributions | 4a | | |
| 5a Pensions and annuities | 5a | 0.00 | | |
| 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 | | |
| 8 Additional income from Schedule 1 (Form 1040), line 10 | | 8 | 0.00 | |
| 9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income | | 9 | 11432.00 | |
| 10 Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income | | 10 | 0.00 | |
| 11 Subtract line 10 from line 9. This is your adjusted gross income | | 11 | 11432.00 | |
| 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). Standard Deduction - US-India Income Tax Treaty | | 12 | 13850.00 | |
| 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 | 13850.00 | |
| 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | | 15 | 0.00 | |

| | | | | |
|------------------------|------------|---|------------|-------------|
| 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 | 0.00 |
| | 17 | Amount from Schedule 2 (Form 1040), line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 0.00 |
| | 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 | 0.00 |
| | 21 | Add lines 19 and 20 | 21 | 0.00 |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 0.00 |
| | 23a | Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15 | 23a | 0.00 |
| | b | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21 | 23b | |
| | c | Transportation tax (see instructions) | 23c | |
| | d | Add lines 23a through 23c | 23d | 0.00 |
| | 24 | Add lines 22 and 23d. This is your total tax | 24 | 0.00 |

| | | | | |
|-----------------|---|---|----------------|----------------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 1298.52 |
| | b | Form(s) 1099 | 25b | 0.00 |
| | c | Other forms (see instructions) | 25c | |
| | d | Add lines 25a through 25c | 25d | 1298.52 |
| | e | Form(s) 8805 | 25e | |
| | f | Form(s) 8288-A | 25f | |
| | g | Form(s) 1042-S | 25g | 0.00 |
| | 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | 0.00 |
| | 27 | Reserved for future use | 27 | |
| 28 | Additional child tax credit from Schedule 8812 (Form 1040) | 28 | | |
| 29 | Credit for amount paid with Form 1040-C | 29 | | |
| 30 | Reserved for future use | 30 | | |
| 31 | Amount from Schedule 3 (Form 1040), line 15 | 31 | 0.00 | |
| 32 | Add lines 28, 29, and 31. These are your total other payments and refundable credits | 32 | 0.00 | |
| 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments | 33 | 1298.52 | |

| | | | | |
|---------------|------------|--|------------|----------------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1298.52 |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 1298.52 |
| | b | Routing number <u>0 7 1 0 0 0 0 1 3</u> c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings | | |
| | d | Account number <u>5 0 2 6 2 8 2 6 2 6</u> | | |
| | 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 2024 estimated tax | 36 | |

| | | | | |
|-----------------------|-----------|---|-----------|--|
| 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 | |
| | 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. <input type="checkbox"/> Yes . Complete below. <input type="checkbox"/> No | | |
| | Designee's name _____ | Phone no. _____ | Personal identification number (PIN) <input type="text"/> |

| | | | | |
|------------------|--|---------------------|--------------------------------|--|
| 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 _____ | Your occupation Student | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/> |
| | 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

Attach to Form 1040-NR.

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

OMB No. 1545-0074

2023 Attachment Sequence No. 7C

Name shown on Form 1040-NR

Shubham J Thakar

Your identifying number

702957126

- 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?
D Were you ever: 1. A U.S. citizen? 2. A green card holder (lawful permanent resident) of the United States?
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 Student
F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?

- G List all dates you entered and left the United States during 2023. 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.

Table with 4 columns: 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. Includes entry for 08/06/2023.

- H Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2021 0, 2022 0, and 2023 148
I Did you file a U.S. income tax return for any prior year?
J Are you filing a return for a trust?
K Did you receive total compensation of \$250,000 or more during the tax year?
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.

Table with 4 columns: (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 0.00

- 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?
3. Are you claiming treaty benefits pursuant to a Competent Authority determination?
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). 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).

Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

2023

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, 2023, or other tax year
beginning _____, 2023, and ending _____, 20_____

Your first name and initial: **Shubham J** Last name: **Thakar** Your U.S. taxpayer identification number (TIN), if any: **702957126**

Fill in your addresses only if you are filing this form by itself and not with your U.S. tax return. Address in country of residence: _____ Address in the United States: _____

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 08/06/2023**
- b Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions. **F1 Student**
- 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): **P4392807**
- 4a Enter the actual number of days you were present in the United States during: 2023 **148** 2022 **0** 2021 **0**
- b Enter the number of days in 2023 you claim you can exclude for purposes of the substantial presence test: **148**

Part II Teachers and Trainees

- 5 For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2023: _____
- 6 For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2023: _____
- 7 Enter the type of U.S. visa (J or Q) you held during: 2017 _____ 2018 _____ 2019 _____ 2020 _____ 2021 _____ 2022 _____. 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 exempt as a teacher, trainee, or student for any part of 2 of the preceding 6 calendar years (2017 through 2022)? Yes 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 2023: **University of Illinois, Urbana-Champaign International Student and Scholar Services John Street Champaign, IL 61820 217-300-6388**
- 10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2023: **Kristen Schertz University of Illinois, Urbana-Champaign International Student and Scholar Services John Street Champaign, IL 61820 217-300-6388**
- 11 Enter the type of U.S. visa (F, J, M, or Q) you held during: 2017 _____ 2018 _____ 2019 _____ 2020 _____ 2021 _____ 2022 _____. 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 exempt as a teacher, trainee, or student for any part of more than 5 calendar years? Yes 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 2023, 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 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 2023 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 their 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 U.S. 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

Date