Department of the Treasury—Internal Revenue Service U.S. Nonresident Alien Income Tax Return

| 2023 |
|------|
| |

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 | | | | | rate ins. | | |
|--|--|---|-------------------------|---|--|-------------|-------------|--|--|--|--|
| Your first name and middle initial | | | | Last name Ye | | | | | Your identifying number see instructions) | | |
| SANJAY | | | | PURANENI | 055-1 | 055-15-3553 | | | | | |
| Home address | (num | ber and street). If you have a P.O. bo | x, see ins | structions. | | | | Apt. ı | | | |
| 15021 SAN | I PA | ULO ST | | | | | | | | | |
| City, town, or post office. If you have a foreign address, also complete spaces below. | | | | | | | | IP code | | | |
| FRISCO | | | | | | - | 75035 | | | | |
| Foreign country | nam | е | n province/state/county | | Foreign p | oostal cod | Э | | | | |
| Filing Status | ☐ Single ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) ☐ If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent | | | | | | | ite 🗌 T | Frust | | |
| Check only one box. | | | | | | | | | | | |
| Digital Assets | At a | ny time during 2023, did you: (a) rece erwise dispose of a digital asset (or a | eive (as a financial | reward, award, or paymenterest in a digital asset | ent for property or se)? (See instructions.) | | | xchange, or | X No | | |
| Dependents (see instructions): | 1 | (1) First name Last name | Last name | | (3) Relationship to yo | Chil | eck the box | f qualifies for (se Credit for depende | other | | |
| If more than four | | | | | | | | | | | |
| dependents, see | | | | | | | | | | | |
| instructions and | | | | | | | Ц | | | | |
| check here | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, both Household employee wages not re | , | • | | | | 10,3 | <u>358.</u> | | |
| Effectively | b | | | | | | | | | | |
| Connected | C | Tip income not reported on line 1a | | | | | | | | | |
| With U.S. | d | Medicaid waiver payments not rep | | | | | . 1d | | | | |
| Trade or | e | Taxable dependent care benefits fr | | | | | . <u>1e</u> | | | | |
| Business | f | Employer-provided adoption benef | . 1f | | | | | | | | |
| Attach | g | Wages from Form 8919, line 6. | . 1g | | | | | | | | |
| Form(s) W-2, | h : | Other earned income (see instruction | . 1h | | | | | | | | |
| 1042-S, SSA-1042-S, | i Reserved for future use | | | | | | | | | | |
| RRB-1042-S, | J | | . <u>1j</u> | | | | | | | | |
| and 8288-A here. Also | К | Total income exempt by a treaty from line 1(e) | . 1z | 10.6 | 0 = 0 | | | | | | |
| attach Form(s) | z | | | | | | | 10,3 | 358. | | |
| 1099-R if | 2a | · - - | | | | | | | | | |
| tax was withheld. | 3a | | | | | | | | | | |
| If you did not | 4a 5a | | | | | | | | | | |
| get a Form | 5а 6 | Reserved for future use | | | | | — | | | | |
| W-2, see | 7 | | | | | | | | | | |
| instructions. | 8 | | | | | | | | | | |
| | 9 | · | | | | | | | 358. | | |
| | 10 Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income | | | | | | | | | | |
| | 11 | Subtract line 10 from line 9. This is | | | | | | 10. | 358. | | |
| | 12 | Itemized deductions (from Sched deduction (see instructions) | rd | | 850. | | | | | | |
| | 120 | | 12 | 10,0 | 550. | | | | | | |
| | 13a Qualified business income deduction from Form 8995 or Form 8995-A . 13a | | | | | | | | | | |
| | | b Exemptions for estates and trusts only (see instructions) | | | | | | | | | |
| | с 14 | | | | | | | 12 (| 850. | | |
| | 14 15 | Subtract line 1/1 from line 11 If zero | | | | | . 14 | 10,0 | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | |

| Tax and | 16 | Tax (see instructions). Check if any | y from For | rm(s): 1 | 814 2 497 | 2 3 | | | 16 | 0. | | |
|-------------------|---|---|--------------------|----------------------|----------------------|------------|-----------------|--------------------------|-----------------------|---------------------|--|--|
| Credits | 17 | Amount from Schedule 2 (Form 1 | 040), line | 3 | | | | | 17 | 0. | | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 0. | | |
| | 19 | Child tax credit or credit for other | r depende | ents from Sched | ule 8812 (Form 10- | 40) . | | | 19 | | | |
| | 20 | Amount from Schedule 3 (Form 1 | 040), line | 8 | | | | | 20 | | | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | | | |
| | 22 | Subtract line 21 from line 18. If ze | | | | | | | 22 | 0. | | |
| | 23a | Tax on income not effectively cor Schedule NEC (Form 1040-NR), I | nnected w | vith a U.S. trade | or business from | 23a | | | | | | |
| | b | Other taxes, including self-emploine 21 | • | | | 23b | | | | | | |
| | С | Transportation tax (see instruction | ns) | | | 23c | | | | | | |
| | d | Add lines 23a through 23c | | | | · . | | | 23d | | | |
| | 24 | Add lines 22 and 23d. This is you | | | | | | | 24 | 0. | | |
| Payments | 25 | Federal income tax withheld from | | | | | | | | | | |
| , | а | Form(s) W-2 | | | | 25a | | 100. | | | | |
| | b | Form(s) 1099 | | | | 25b | | | - | | | |
| | С | Other forms (see instructions) . | | | | 25c | | | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 100. | | |
| | e | Form(s) 8805 | | | | | | | 25e | | | |
| | f | Form(s) 8288-A | | | | | | | 25f | | | |
| | g g | Form(s) 1042-S | | | | | | | 25g | | | |
| | 26 | 2023 estimated tax payments an | | | | | | | 26 | | | |
| | 27 | Reserved for future use | | | | 27 | | | 20 | | | |
| | | | | | | | | | | | | |
| | 28 | Additional child tax credit from S | | • | • | 28 | | | | | | |
| | 29 | Credit for amount paid with Form | | | | 29 | | | | | | |
| | 30 | Reserved for future use | | | | 30 | | | | | | |
| | 31 | Amount from Schedule 3 (Form 1 | | | | 31 | | | | | | |
| | 32 | Add lines 28, 29, and 31. These a | - | | | | | | 32 | <u> </u> | | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, | | | | | | | 33 | 100. | | |
| Refund | 34 | If line 33 is more than line 24, sub | | | | • | - | _ | 34 | 100. | | |
| | 35a | Amount of line 34 you want refur | | | | | | | 35a | 100. | | |
| Direct deposit? | b | Routing number 1 2 2 1 0 1 7 0 6 c Type: 🗵 Checking 🗆 Sa | | | | | | | | | | |
| See instructions. | d | Account number 4 5 7 0 4 7 8 8 4 0 8 1 | | | | | | | | | | |
| | е | If you want your refund check menter it here. | ailed to ai | n address outsid | de the United State | es not s | hown on | page 1, | | | | |
| | 36 | Amount of line 34 you want appl | ied to you | ur 2024 estimat | ed tax | 36 | | | | | | |
| Amount | 37 | Subtract line 33 from line 24. This | s is the ar | mount you owe | | | | | | | | |
| You Owe | | For details on how to pay, go to | www.irs.g | ov/Payments or | see instructions $.$ | | | | 37 | | | |
| | 38 | Estimated tax penalty (see instru | ctions) . | | | 38 | | | | | | |
| Third | Do yo | u want to allow another person to | discuss t | his return with th | ne IRS? See instru | ctions. | | s. Compl | ete bel | low. 🛛 No | | |
| Party Designee | Designame | nee's | | Phone no. | | | Persor numbe | nal identifi er (PIN) | cation | | | |
| | | penalties of perjury, I declare that I have they are true, correct, and complete. D | | | | | | | | | | |
| Sign | Your signature | | | Date Your occupation | | | | | | ent you an Identity | | |
| Here | | | OTHER PART | | | | | | PIN, enter it here | | | |
| - | DI | | | F 11 11 | STUDENT | | | (see | inst.) | | | |
| | Phone | | Drone | Email address | | Doto | | DTINI | 1 | Ob1. 'f | | |
| Paid | | rer's name | - | 's signature | | Date | - / 0 | PTIN | | Check if: | | |
| Preparer | - · · - | | | | | P02082 | | Self-employed | | | | |
| Use Only | | | | | | | | Phone no. (678) 965-9522 | | | | |
| Jy | Firm's | 's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | | | Firm's EIN 84-3171965 | | | |

Form 1040-NR (2023)

SCHEDULE NEC (Form 1040-NR)

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number 055-15-3553 SANJAY THRIPURANENI

| | | Nature of Income | | | (a) 10% | (b) 15% | (c) 30% | ` ' | (specify) |
|-----------------------------------|--|--|------------------------------|----------|--------------------------|-----------------|-------------------------|--|--|
| | | | | (0) 1070 | (3,7333 | % | % | | |
| 1 | Dividends and dividend equ | | | | | | | | |
| а | Dividends paid by U.S. corporations | | | 1a | | | | | |
| b | | corporations | + | 1b | | | | | |
| С | Dividend equivalent paymen | ts received with respect to section 871(m) tra | nsactions | 1c | | | | | |
| 2 | Interest: | | | | | | | | |
| а | | | | 2a | | | | | |
| b | | s | | 2b | | | | | |
| С | Other | | | 2c | | | | | |
| 3 | Industrial royalties (patents, | , trademarks, etc.) | [| 3 | | | | | |
| 4 | Motion picture or TV copyri | ght royalties | | 4 | | | | | |
| 5 | Other royalties (copyrights, | recording, publishing, etc.) | | 5 | | | | | |
| 6 | Real property income and r | natural resources royalties | [| 6 | | | | | |
| 7 | Pensions and annuities . | | [| 7 | | | | | |
| 8 | Social security benefits . | | [| 8 | | | | | |
| 9 | | elow | | 9 | | | | | |
| 10 | | | | | | | | | |
| а | Winnings | | | | | | | | |
| b | Losses | | | 10c | | | | | |
| 11 | Gambling—Residents of co Note: Enter winnings only. | ountries other than Canada. Losses aren't allowed | [| 11 | | | | | |
| 12 | Other (specify): | | | | | | | | |
| | | | | 12 | | | | | |
| 13 | Add lines 1a through 12 in o | columns (a) through (d) | | 13 | | | | | |
| 14 | Multiply line 13 by rate of | tax at top of each column | | 14 | | | | | |
| 15 | Tax on income not effective | ely connected with a U.S. trade or business | | | | | | NR, line 23a 15 | |
| | | Capital Gains and | Losses F | rom | Sales or Excha | nges of Proper | ty | | |
| losses f exchang within the | nly the capital gains and rom property sales or ges that are from sources he United States and not | (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acquired mm/dd/yyyy | | (c) Date sold mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS If (e) is more than (d), subtract (d) from (e). | (g) GAIN If (d) is more than (e), subtract (e) from (d). |
| effective | ely connected with a U.S. s. Do not include a gain | | | | | | | | |
| or loss | on disposing of a U.S. real | | | | | | | | |
| gains at (Form 1 | y interest; report these nd losses on Schedule D 040). | | | | | | | | |
| | property sales or | | | | | | | | |
| connec | ges that are effectively ted with a U.S. business | Add columns (f) and (g) of line 16 | | | | | 17 | (| _ |
| on Sche Form 4 | | Capital gain. Combine columns (f) and (g | | | | | | | |

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

OMB No. 1545-0074

Your identifying number

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

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

| 2023 | _ |
|--------------------------------------|---|
| Attachment Sequence No. 7C | |

| SANJ | JAY THRIPURANENI | | | | 055-15- | -3553 | | | | | | |
|------|--|-------------------------------|--------------------------|---------------------------|-------------------|----------------|-------------|--|--|--|--|--|
| Α | Of what country or countries w | vere you a citizen or nationa | al during the tax | year? INDIA | | | | | | | | |
| В | In what country did you claim residence for tax purposes during the tax year? United States | | | | | | | | | | | |
| С | 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? | | | | | | | | | | | |
| | If you answer "Yes" to (1) or (2 | • | | | | | ⊠ No | | | | | |
| E | If you had a visa on the last of | • | | | enter vour U.S | } | | | | | | |
| _ | immigration status on the last day of the tax year $-\pi^1$ | | | | | | | | | | | |
| F | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? | | | | | | | | | | | |
| • | | | | | | | | | | | | |
| G | If you answered "Yes," indicate the date and nature of the change: List all dates you entered and left the United States during 2023. See instructions. | | | | | | | | | | | |
| ŭ | 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 | | | | | | | | | | | |
| | Date entered United States | Date departed United State | | Date entered United S | | eparted Unite | d States | | | | | |
| | mm/dd/yy | mm/dd/yy | 23 | mm/dd/yy | Date de | mm/dd/yy | u Otates | | | | | |
| | ,, | ,, | | ,,, | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| н | Give number of days (including | vacation nonworkdays and | l I nartial davs) vou | were present in the Lini | ted States during | 1. | | | | | | |
| •• | 2021 | | | | | ,. | | | | | | |
| ı | Did you file a U.S. income tax | return for any prior year? | , ai | 300 | • | . Yes | ⊠ No | | | | | |
| • | If "Yes," give the latest year an | nd form number you filed: | | | | 100 | <u></u> 110 | | | | | |
| J | Are you filing a return for a trus | et? | | | | . Yes | ⊠ No | | | | | |
| • | If "Yes," did the trust have a l | | | | | | <u> </u> | | | | | |
| | U.S. person, or receive a contr | | | | | | □No | | | | | |
| K | Did you receive total compens | • | | | | | ⊠ No | | | | | |
| | If "Yes," did you use an alterna | | | | | | □No | | | | | |
| L | Income Exempt From Tax—If | | | • | | | | | | | | |
| _ | complete (1) through (3) below | | | | mo tax troaty w | itir a roroigi | , ocaritry, | | | | | |
| 1. | Enter the name of the country, | | | | you claimed the | treaty benef | it and the | | | | | |
| | amount of exempt income in th | | | | you oldiniou ino | arouty borior | it, and the | | | | | |
| | (a) Cou | ntry | (b) Tax treaty ar | ticle (c) Number of m | onths (d) | Amount of ex | empt | | | | | |
| | (4) 333 | , | (2) | claimed in prior ta | . ` ` | ` ` · | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | (e) Total. Enter this amount or | n Form 1040-NR, line 1k. D | o not enter it any | where else on line 1 | | | | | | | | |
| 2. | | | | | | | | | | | | |
| | Are you claiming treaty benefit | • | | • , | | Yes | ⊠ No | | | | | |
| | If "Yes," attach a copy of the C | | • | | | | | | | | | |
| М | Check the applicable box if: | 1 | | , | | | | | | | | |
| | This is the first year you are ma | aking an election to treat in | come from real r | property located in the I | Jnited States as | effectively of | onnected | | | | | |
| | with a U.S. trade or business u | | | | | | | | | | | |
| 2. | You have made an election in | | | | | | _ | | | | | |
| | States as effectively connected | | | | | | | | | | | |
| | named Deduction Act Notice | | | DEV 400 (07/04 | | | | | | | | |