# 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

| Internal Revenue Service  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |  |
|---|--|--|
| Submission Identification Number (SID)  |  |  |
| Taxpayer's name   | Social security  | number   |
| SANTOSHI PRAGNYA BORRA SAI  | 234-61-  | 0211   |
| Spouse's name   |  | al security number   |
|   | (= )   |  |
| · · · · · · · · · · · · · · · · · · ·   | (Enter year you ar   | e authorizing.)  |
| Enter whole dollars only on lines 1 through 5.  |  |  |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  | I  | 10.500   |
| 1 Adjusted gross income   | + + + + + + + + + + + + + + + + + + +  | 1 10,532.  |
| 2 Total tax   | <u>+</u>   | 2 0.   |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099   | +  | 803.   |
| 4 Amount you want refunded to you   | +  | <b>4</b> 803.  |
| 5 Amount you owe  |  | 5  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or am  |  |  |
| to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accorpayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ten payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amend | e the U.S. Treasury an unt indicated in the tanstitution to debit the eminate the authorization requests must be in the processing of the payment. I furth | d its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the |
| Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  |  |  |
| ·   | 1  | 0 2 1 1  |
| X I authorize GLOBAL TAXES LLC to enter or gen  | Ente   | er five digits, but  |
| signature on the income tax return (original or amended) I am now authorizing.  | don  | 't enter all zeros   |
| I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.   |  |  |
| Your signature ▶ Dat  | re ▶   |  |
| Chausala DINI, ahaak ana hay ank  |  |  |
| Spouse's PIN: check one box only  | DINI   |  |
| I authorize to enter or gen   | -  | as my  |
| signature on the income tax return (original or amended) I am now authorizing.  |  | er five digits, but<br>'t enter all zeros  |
| I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.   |  |  |
| Speudo's signature •  | re ▶   |  |
| Spouse's signature ► Dat  Practitioner PIN Method Returns Only—continue It  |  |  |
| Part III Certification and Authentication — Practitioner PIN Method Only  | JCIOW  |  |
| Certification and Additerrication — Practitioner File 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<br>Don't ente  | .   •   •   -   ·   -  |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual included authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided   | n submitting this retur  | n in accordance with the   |
| ERO's signature ▶ Dat   | te ▶   |  |
| ERO Must Retain This Form — See Instruction   |  |  |

Don't Submit This Form to the IRS Unless Requested To Do So

# E 1040-NR 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 Jar                   | n. 1–D  | ec. 31, 2023, or other tax year beginn   | ing   | :                  | 2023,      | ending                       | ,                    | 20           |  | e separate<br>structions. |  |
|------------------------------------|---|--|---|--------------------|------------|------------------------------|----------------------|--------------|--|---------------------------|--|
| Your first name and middle initial |   |  |   | Last name Y        |            |                              |                      |              | Your identifying number (see instructions) |                           |  |
| SANTOSHI                           | OSHI PRAGNYA BORRA SAI 2.   |  |   |                    |            | 234-                         | 234-61-0211          |              |  |                           |  |
| Home address                       | (numb   | per and street). If you have a P.O. box  | , see ins   | tructions.         |            |                              |                      |              |  | Apt. no.                  |  |
| 11500 LAG                          | O V   | ISTA E, 1258   |   |                    |            |                              |                      |              |  |                           |  |
| City, town, or po                  | ost of  | fice. If you have a foreign address, als   | so comp   | lete spaces belov  | <i>/</i> . |                              | State                | 2            | ZIP cod                                    | le                        |  |
| FARMERS B                          | RAN   | СН   |   |                    |            |                              | TX                   | 1            | 75234                                      | 4                         |  |
| Foreign country                    | nam   | е  | Foreigr   | n province/state/c | ounty      |                              | Foreign <sub>I</sub> | oostal cod   | le   |                           |  |
| Filing<br>Status                   |   |  |   |                    |            |                              |                      |              | ate  | Trust                     |  |
| Check only one box.                | If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent                     |  |   |                    |            |                              |                      |              |  |                           |  |
| Digital Assets                     |   | ny time during 2023, did you: (a) recei<br>erwise dispose of a digital asset (or a f           |   |                    |            |                              |                      |              |  | ge, or<br>Yes 🔀 No        |  |
| Dependents                         | 1   |  | (2) Dependent's   |                    |            | (4) Check the bo             |                      | ĺ Cr         | es for (see inst.):<br>redit for other     |                           |  |
| (see instructions):                |   | (1) First name Last name   |   | identifying num    | ber        | (3) Relationship to yo       | u Chil               | d tax credit |  | dependents                |  |
| Karana Here Co                     |   |  |   |                    |            |                              |                      |              |  |                           |  |
| If more than four dependents, see  |   |  |   |                    |            |                              |                      |              |  |                           |  |
| instructions and                   |   |  |   |                    |            |                              |                      |              |  |                           |  |
| check here                         |   |  |   |                    |            |                              |                      | Ц            |  |                           |  |
| Income                             | 1a  | Total amount from Form(s) W-2, box   | ,   | ,                  |            |                              |                      | . <u>1a</u>  |  | 10,532.                   |  |
| Effectively                        | b   | Household employee wages not rep   |   |                    |            |                              |                      |              |  |                           |  |
| Connected                          | С   | Tip income not reported on line 1a (s  |   |                    |            |                              |                      |              |  |                           |  |
| With U.S.                          | d   | Medicaid waiver payments not repor   |   |                    |            |                              |                      | . 1d         |  |                           |  |
| Trade or                           | е   | Taxable dependent care benefits fro  |   |                    |            |                              |                      | . <u>1e</u>  |  |                           |  |
| Business                           | f   | Employer-provided adoption benefit   |   |                    |            |                              |                      | . 1f         |  |                           |  |
| Attach                             | g   | Wages from Form 8919, line 6   |   |                    |            |                              |                      | . 1g         |  |                           |  |
| Form(s) W-2,                       | h   | Other earned income (see instruction   |   |                    |            |                              |                      | . 1h         |  |                           |  |
| 1042-S,                            |   | Reserved for future use  |   |                    |            |                              |                      | 4.           |  |                           |  |
| SSA-1042-S,<br>RRB-1042-S,         | J   | Reserved for future use  |   |                    |            |                              |                      | . <u>1j</u>  |  |                           |  |
| and 8288-A                         | k   | Total income exempt by a treaty from   |   |                    | )-NR), i   |                              |                      |              |  |                           |  |
| here. Also attach                  | _   | line 1(e)  |   |                    |            | 1k                           |                      | 4-           |  | 10 522                    |  |
| Form(s)                            | Z<br>2-   | Add lines 1a through 1h  |   | · · · · i          | <br>. T    |                              |                      | . 1z         |  | 10,532.                   |  |
| 1099-R if                          | 2a  | Tax-exempt interest 2a   |   |                    |            | able interest                |                      |              |  |                           |  |
| tax was withheld.                  | 3a<br>4a  | Qualified dividends 3a IRA distributions 4a  | _   |                    |            | linary dividends able amount |                      |              |  |                           |  |
| If you did not                     | 4a<br>5a  | Pensions and annuities 5a  | _   |                    |            |                              |                      |              |  |                           |  |
| get a Form                         | 5a<br>6   |  |   |                    |            |                              |                      |              |  |                           |  |
| W-2, see                           | 7   |  |   |                    |            |                              |                      |              |  |                           |  |
| instructions.                      | 8   | . •  | ital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here |                    |            |                              |                      |              |  |                           |  |
|                                    | 9   | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your <b>total effectively connected income</b> |   |                    |            |                              |                      |              |  | 10,532.                   |  |
|                                    | 10  |  |   | -                  |            |                              |                      |              |  | 10,002.                   |  |
|                                    | Adjustments to income from Schedule 1 (Form 1040), line 26. These are your <b>total adjustments to income</b>                     |  |   |                    |            |                              |                      | . 10         |  |                           |  |
|                                    | 11  | Subtract line 10 from line 9. This is y  |   | _                  |            |                              |                      |              |  | 10,532.                   |  |
|                                    | 12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions) |  |   |                    |            |                              |                      |              |  | 13,850.                   |  |
|                                    | 13a   |  |   |                    |            |                              |                      |              |  |                           |  |
|                                    | b   | Exemptions for estates and trusts or   |   |                    |            |                              |                      |              |  |                           |  |
|                                    | С   | Add lines 13a and 13b  |   |                    |            |                              |                      | . 13c        | 1  |                           |  |
|                                    | 14  |  |   |                    |            |                              |                      |              |  | 13,850.                   |  |
|                                    | 15  | Subtract line 14 from line 11. If zero   |   |                    |            |                              |                      |              |  | 0.                        |  |

| Form 1040-NR (    | 2023)  |  |                      |                           |               |           | Page 2            |  |  |
|-------------------|--|--|----------------------|---------------------------|---------------|-----------|-------------------|--|--|
| Tax and           | 16   | Tax (see instructions). Check if any from Form(s): 1 88  | 14 <b>2</b> 497      | 2 <b>3</b> 🗌              |               | 16        | 0.                |  |  |
| Credits           | 17   | Amount from Schedule 2 (Form 1040), line 3   |                      |                           |               | 17        | 0.                |  |  |
|                   | 18   | Add lines 16 and 17  |                      | 18                        | 0.            |           |                   |  |  |
|                   | 19   | Child tax credit or credit for other dependents from Schedu  | le 8812 (Form 10-    | 40)                       |               | 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        | 0.                |  |  |
|                   | 23a  | Tax on income not effectively connected with a U.S. trade o  | r business from      |                           |               |           |                   |  |  |
|                   |  | Schedule NEC (Form 1040-NR), line 15   |                      | 23a                       |               |           |                   |  |  |
|                   | b  | Other taxes, including self-employment tax, from Schedule  | 2 (Form 1040),       |                           |               |           |                   |  |  |
|                   |  | line 21  |                      | 23b                       |               |           |                   |  |  |
|                   | С  | Transportation tax (see instructions)  |                      | 23c                       |               |           |                   |  |  |
|                   | d  | Add lines 23a through 23c  |                      |                           |               | 23d       |                   |  |  |
|                   | 24   | Add lines 22 and 23d. This is your total tax   |                      | <u></u>                   |               | 24        | 0.                |  |  |
| <b>Payments</b>   | 25   | Federal income tax withheld from:  |                      |                           |               |           |                   |  |  |
|                   | а  | Form(s) W-2  |                      | 25a                       | 803.          |           |                   |  |  |
|                   | b  | Form(s) 1099   |                      | 25b                       |               |           |                   |  |  |
|                   | С  | Other forms (see instructions)   |                      | 25c                       |               |           |                   |  |  |
|                   | d  | Add lines 25a through 25c  |                      |                           |               | 25d       | 803.              |  |  |
|                   | 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 202  | 22 return            |                           |               | 26        |                   |  |  |
|                   | 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  |                      |                           |               |           |                   |  |  |
|                   | 32   | Add lines 28, 29, and 31. These are your total other payme   |                      | 32                        |               |           |                   |  |  |
|                   | 33   | 33   | 803.                 |                           |               |           |                   |  |  |
| Refund            | 34   | 34   | 803.                 |                           |               |           |                   |  |  |
|                   | 35a  | If line 33 is more than line 24, subtract line 24 from line 33. Amount of line 34 you want <b>refunded to you</b> . If Form 8888 | +                    | 35a                       | 803.          |           |                   |  |  |
| Direct deposit?   | b  | Routing number   0   8   1   0   0   0   0   3   2   | Savings              |                           |               |           |                   |  |  |
| See instructions. | d  | Account number 3 5 5 0 1 3 0 4 3 6   |                      |                           |               |           |                   |  |  |
|                   | е.   | If you want your refund check mailed to an address outside   |                      | —i—i—i<br>≥s not shown on | page 1        |           |                   |  |  |
|                   | ·  | enter it here.   | o the orniod otale   | o not snown on            | pago 1,       |           |                   |  |  |
|                   | 36   | Amount of line 34 you want applied to your 2024 estimate   | d tax                | 36                        |               |           |                   |  |  |
| Amount            | 37   | Subtract line 33 from line 24. This is the <b>amount you owe</b> .   |                      |                           |               |           |                   |  |  |
| You Owe           | ٠.   | For details on how to pay, go to www.irs.gov/Payments or s   | see instructions.    |                           |               | 37        |                   |  |  |
| rou Owe           | 38   | Estimated tax penalty (see instructions)   |                      | 38                        |               | <u> </u>  |                   |  |  |
| Third             |  | u want to allow another person to discuss this return with the   |                      |                           | es. Comple    | ete belov | v. 🗵 No           |  |  |
| Party             | Desig  | ·  |                      |                           | nal identific |           |                   |  |  |
| Designee          | name   | Jalion   |                      |                           |               |           |                   |  |  |
| 3 3               | namenonumber (PIN)  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge. |  |                      |                           |               |           |                   |  |  |
|                   |  | they are true, correct, and complete. Declaration of preparer (other th  |                      |                           |               |           |                   |  |  |
| Sign              | Your   | signature Date   | Your occupation      |                           | If the        | IRS sen   | t you an Identity |  |  |
| Here              |  |  | Protection PIN, ente |                           |               | -         |                   |  |  |
|                   |  | nst.)  |                      |                           |               |           |                   |  |  |
|                   | Phone  | e no. Email address  |                      |                           |               |           |                   |  |  |
| Paid              | Prepa  | rer's name Preparer's signature  |                      | Date                      | PTIN          | C         | Check if:         |  |  |
| Preparer          | SYAM   | I PRIYA RAM SAGAR GUPTA   SYAM PRIYA RAM S   | AGAR GUPTA           | 04/08/2024                | P02082        | 703 [     | Self-employed     |  |  |
| •                 | Firm's   | name GLOBAL TAXES LLC  |                      |                           | Phone no      | . (678    | 3)965-9522        |  |  |
| Use Only          | Firm's   | address 245 ROONEY CT E BRUNSWICK NJ   | 08816                |                           | Firm's Ell    |           | -3171965          |  |  |

BAA

#### **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 SANTOSHI PRAGNYA BORRA SAI 234-61-0211 Enter amount of income under the appropriate rate of tax. See instructions.

|                                 | N  |                            |        |                             |                     |                         | (d) Other  | (specify)  |
|---------------------------------|--|----------------------------|--------|-----------------------------|---------------------|-------------------------|--|--|
|                                 | Nature of Income   |                            |        | (a) 10%                     | <b>(b)</b> 15%      | (c) 30%                 | %  | %  |
| 1                               | Dividends and dividend equivalents:  |                            |        |                             |                     |                         |  |  |
| а                               | Dividends paid by U.S. corporations  |                            | 1a     |                             |                     |                         |  |  |
| b                               | Dividends paid by foreign corporations   |                            | 1b     |                             |                     |                         |  |  |
| С                               | Dividend equivalent payments received with respect to section 871  | 1(m) transactions          | 1c     |                             |                     |                         |  |  |
| 2                               | Interest:  | •                          |        |                             |                     |                         |  |  |
| а                               | Mortgage   |                            | 2a     |                             |                     |                         |  |  |
| b                               | Paid by foreign corporations   |                            | 2b     |                             |                     |                         |  |  |
| С                               | Other  |                            | 2c     |                             |                     |                         |  |  |
| 3                               | Industrial royalties (patents, trademarks, etc.)   |                            | 3      |                             |                     |                         |  |  |
| 4                               | Motion picture or TV copyright royalties   | '                          | 4      |                             |                     |                         |  |  |
| 5                               | Other royalties (copyrights, recording, publishing, etc.)  |                            | 5      |                             |                     |                         |  |  |
| 6                               | Real property income and natural resources royalties   |                            | 6      |                             |                     |                         |  |  |
| 7                               | Pensions and annuities   |                            | 7      |                             |                     |                         |  |  |
| 8                               | Social security benefits   |                            | 8      |                             |                     |                         |  |  |
| 9                               | Capital gain from line 18 below  |                            | 9      |                             |                     |                         |  |  |
| 10                              | Gambling—Residents of Canada only. Enter net income in colur <b>If zero or less, enter -0</b>  | mn (c).                    |        |                             |                     |                         |  |  |
| а                               | Winnings   |                            |        |                             |                     |                         |  |  |
| b                               | ·  |                            |        |                             |                     |                         |  |  |
| 11                              | Gambling—Residents of countries other than Canada.  Note: Enter winnings only. Losses aren't allowed   |                            | 100    |                             |                     |                         |  |  |
|                                 |  |                            | 11     |                             |                     |                         |  |  |
| 12                              | Other (specify):   |                            |        |                             |                     |                         |  |  |
|                                 |  |                            | 12     |                             |                     |                         |  |  |
| 13                              | Add lines 1a through 12 in columns (a) through (d)   |                            | 13     |                             |                     |                         |  |  |
| 14                              | Multiply line 13 by rate of tax at top of each column  |                            | 14     |                             |                     |                         |  |  |
| _15_                            | Tax on income not effectively connected with a U.S. trade or but   |                            |        |                             |                     |                         | NR, line 23a <b>15</b>                                   |  |
|                                 | •  | s and Losses F             | rom    | Sales or Excha              | inges of Proper     | ty                      | <u> </u>   |  |
| losses f<br>exchan-<br>within t | Inly the capital gains and from property sales or ges that are from sources the United States and not (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acqu<br>mm/dd/yyy |        | (c) Date sold<br>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). |
| busines                         | vely connected with a U.S. ss. Do not include a gain   |                            |        |                             |                     |                         |  |  |
|                                 | on disposing of a U.S. real ty interest; report these  |                            |        |                             |                     |                         |  |  |
|                                 | and losses on Schedule D   |                            |        |                             |                     |                         |  |  |
| •                               | property sales or  |                            |        |                             |                     |                         |  |  |
| exchan                          | ges that are effectively   |                            |        |                             |                     |                         |  |  |
| on Sche                         | adula D (Form 1040)  |                            |        |                             |                     |                         |  |  |
| Form 4                          | 18 Capital gain. Combine columns (f)   | and (g) or line 17         | . Ente | er trie net gain ner        | e and on line 9 abo | ove. II a loss, ente    | r -0 <b>18</b>   |  |

#### **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<br>Sequence No. <b>7C</b> |   |

| SANT | OSHI PRAGNYA BORRA S   | SAI                                     |                     |                                       | 234-61-0211            |                      |  |  |  |  |
|------|--|---|---------------------|---------------------------------------|------------------------|----------------------|--|--|--|--|
| Α    | Of what country or countries w   |   |                     |                                       |                        |                      |  |  |  |  |
| 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?  |   |                     |                                       |                        | Yes 🗵 No             |  |  |  |  |
| 2.   | 2. A green card holder (lawful permanent resident) of the United States?   |   |                     |                                       |                        |                      |  |  |  |  |
|      | If you answer "Yes" to (1) or (2   | ), see Pub. 519, chapter 4,             | for expatriation r  | ules 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?   |   |                     |                                       |                        |                      |  |  |  |  |
| 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.                   |   |                     |                                       |                        |                      |  |  |  |  |
|      | Note: If you're a resident of C  |   |                     |                                       | uent intervals,        |                      |  |  |  |  |
|      | check the box for Canada or  | Mexico and skip to item H               | 1                   | 🗌 Canada                              | ☐ Mexico               |                      |  |  |  |  |
|      | Date entered United States mm/dd/yy  | Date departed United State mm/dd/yy     | es                  | Date entered United State<br>mm/dd/yy | es Date departed mm/c  |                      |  |  |  |  |
|      |  |   |                     |                                       |                        |                      |  |  |  |  |
|      |  |   |                     |                                       |                        |                      |  |  |  |  |
|      |  |   |                     |                                       |                        |                      |  |  |  |  |
|      |  |   |                     |                                       |                        |                      |  |  |  |  |
| Н    | Give number of days (including   |   |                     |                                       |                        |                      |  |  |  |  |
|      | 2021   | , 2022                                  | , ar                | nd 2023 365                           | ·                      | Vaa □Na              |  |  |  |  |
| ı    | Did you file a U.S. income tax   |   |                     |                                       |                        | Yes                  |  |  |  |  |
|      | If "Yes," give the latest year an  | ia iomi number you illea:               |                     | 1040NK                                | ·                      | Yes 🛛 No             |  |  |  |  |
| J    | Are you filing a return for a trust laws at If "You" did the trust have at I   |   |                     |                                       |                        | Yes 🗵 No             |  |  |  |  |
|      | If "Yes," did the trust have a U.S. person, or receive a contr   |   |                     |                                       |                        | Yes ☐ No             |  |  |  |  |
| V    | ·  | •                                       |                     |                                       |                        | res ∐ No<br>Yes ⊠ No |  |  |  |  |
| K    | Did you receive total compens<br>If "Yes," did you use an alterna  |   |                     |                                       |                        | Yes No               |  |  |  |  |
| L    | Income Exempt From Tax—If complete (1) through (3) below   | you are claiming exempti                | on from income      | tax under a U.S. income               |                        | <del></del>          |  |  |  |  |
| 1.   | Enter the name of the country, amount of exempt income in th   | the applicable tax treaty art           | icle, the number of | of months in prior years you          | claimed the treaty I   | penefit, and the     |  |  |  |  |
|      | (a) Cou  | ntry                                    | (b) Tax treaty ar   | ticle (c) Number of month             | hs (d) Amount          | of exempt            |  |  |  |  |
|      |  |   |                     | claimed in prior tax ye               | ears income in cur     | rent tax year        |  |  |  |  |
|      |  |   |                     |                                       |                        |                      |  |  |  |  |
|      |  |   |                     |                                       |                        |                      |  |  |  |  |
|      |  |   |                     |                                       |                        |                      |  |  |  |  |
|      |  |   |                     |                                       |                        |                      |  |  |  |  |
|      |  |   |                     |                                       |                        |                      |  |  |  |  |
|      | (e) Total. Enter this amount or  | n Form 1040-NR. line 1k. D              | lo not enter it and | where else on line 1                  |                        |                      |  |  |  |  |
| 2.   | Were you subject to tax in a fo  |   | •                   |                                       |                        | Yes No               |  |  |  |  |
| 3.   | Are you claiming treaty benefit  | •                                       |                     | • •                                   | 🗖 ·                    | Yes 🗵 No             |  |  |  |  |
|      | If "Yes," attach a copy of the C   |   | -                   |                                       |                        | _ <b>_</b>           |  |  |  |  |
| М    | Check the applicable box if:   | , |                     | •                                     |                        |                      |  |  |  |  |
|      | This is the first year you are ma  | aking an election to treat in           | come from real p    | property located in the Unit          | ed States as effective | vely connected       |  |  |  |  |
|      | with a U.S. trade or business u  |   |                     |                                       |                        |                      |  |  |  |  |
| 2.   | You have made an election in   |   |                     |                                       |                        |                      |  |  |  |  |
|      | States as effectively connected  |   |                     |                                       |                        |                      |  |  |  |  |
|      | namuark Daduation Act Nation   |   |                     |                                       |                        |                      |  |  |  |  |