# 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

| illemai nevelue Service   |   |  |
|---|---|--|
| Submission Identification Number (SID)  |   |  |
| Taxpayer's name   | Social security   | y number   |
| SAI KALYAN YENUGULA   | 859-29-   | 9429   |
| Spouse's name   |   | al security number   |
|   |   |  |
| Part I Tax Return Information — Tax Year Ending December 31, 2023 (Er   | nter 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.  |   |  |
| <b>1</b> Adjusted gross income  | 1   | <b>1</b> 6,431.  |
| 2 Total tax   |   | 2 0.   |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099  | -   | <b>3</b> 53.   |
| 4 Amount you want refunded to you   |   | <b>4</b> 53.   |
| 5 Amount you owe  |   | 5  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get an Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend  |   |  |
| my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trar to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize th Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutionia authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termit 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 in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.   | nsmitter, or electro rejection of the trace U.S. Treasury an indicated in the tall tution to debit the inate the authorizal requests must be the processing of the payment. I furth | nic return originator (ERO) ansmission, <b>(b)</b> the reason id 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 the racknowledge that the |
| Taxpayer's PIN: check one box only  |   |  |
| ▼ I authorize GLOBAL TAXES LLC to enter or general state of the s | ate my PIN  | 9 4 2 9 as my  |
| ERO firm name   | Ente  | er five digits, but  |
| signature on the income tax return (original or amended) I am now authorizing.  | 4011  | t onto all zoroo   |
| I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.  Your signature  | nethod. The ERO   |  |
| U V   |   |  |
| Spouse's PIN: check one box only  | . 50.   |  |
| I authorize to enter or genera  |   | 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) I are if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.   |   |  |
| Spouse's signature ▶ Date ▶   |   |  |
| Spouse's signature ► Date ►  Practitioner PIN Method Returns Only—continue bel  |   |  |
| Part III Certification and Authentication — Practitioner PIN Method Only  | IV 17   |  |
|   |   |  |
| <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   | 5   0   8   2   7   1  <br>er all zeros  |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incomauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am strequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers   | ubmitting this retur  | rn in accordance with the  |
| ERO's signature ▶ Date ▶  |   |  |
| FRO Must Retain This Form — See Instructions  |   |  |

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

# 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 Jar  | n. 1–C  | Dec. 31, 2023, or other tax year begin                              | ning              | , 2023,                                 | ending                     | ,           | 20                |  | e separate<br>tructions.    |  |
|---|---|---|-------------------|---|----------------------------|-------------|-------------------|--|-----------------------------|--|
| Your first name and middle initial  |   |   |                   |   |                            |             |                   | Your identifying number (see instructions) |                             |  |
|   |   |   |                   |   | ,                          |             |                   |  |                             |  |
| SAI KALYA   |   |   | GULA              | 1                                       |                            |             |                   | 859-29-9429                                |                             |  |
| Home address (number and street). If you have a P.O. box, see instructions. |   |   |                   |   |                            |             |                   | Apt. no.                                   |                             |  |
| 1429 7TH  |   |   |                   |   |                            |             |                   |  | #12                         |  |
| -   |   | ffice. If you have a foreign address, a                             | ılso comp         | elete spaces below.                     |                            | State       |                   | ZIP cod                                    |                             |  |
| CHARLESTO   |   |   | 1                 |   |                            | IL 619      |                   |  | )                           |  |
| Foreign country   | eign country name Foreign province/state/county Foreign pos   |   |                   |   |                            |             |                   |  |                             |  |
|   |   |   |                   |   |                            |             |                   |  |                             |  |
| Filing<br>Status  |   | Single $\square$ Married filing sep                                 | ☐ Est             | ate                                     | ☐ Trust                    |             |                   |  |                             |  |
| Check only  | If you checked the QSS box, enter the child's name if the qualifying person is a child but not your depe      |   |                   |   |                            |             |                   |  |                             |  |
| one box.  |   |   |                   |   |                            |             |                   |  |                             |  |
| Digital Assets  | At a  | ny time during 2023, did you: (a) rece                              | eive (as a        | reward, award, or payme                 | ent for property or se     | ervices); c | or (b) sell, e    | xchang                                     | e, or                       |  |
|   |   | erwise dispose of a digital asset (or a                             |                   |   |                            |             |                   |  | es 🛛 No                     |  |
| Dependents  |   |   |                   | 40.5                                    |                            | (4) Ch      | eck the box       | i  | es for (see inst.):         |  |
| (see instructions):   |   | (1) First name Last name  | 9                 | (2) Dependent's identifying number      | (3) Relationship to ye     | ou Chi      | ld tax credit     |  | edit for other<br>ependents |  |
|   |   | (1)   |                   | , | (c) Hold administration of |             | П                 |  |                             |  |
| If more than four   |   |   |                   |   |                            |             | $\overline{\Box}$ |  | ī                           |  |
| dependents, see instructions and  |   |   |                   |   |                            |             |                   |  |                             |  |
| check here  |   |   |                   |   |                            |             |                   |  |                             |  |
| Income  | 1a  | Total amount from Form(s) W-2, bo                                   | x 1 (see i        | nstructions)                            |                            |             | . 1a              |  | 6,431.                      |  |
| Effectively   | b   | Household employee wages not re                                     | ported or         | n Form(s) W-2                           |                            |             | . 1b              |  |                             |  |
| Connected   | С   | Tip income not reported on line 1a                                  | (see instr        | ructions)                               |                            |             | . 1c              |  |                             |  |
| With U.S.   | d   | Medicaid waiver payments not repe                                   | orted on I        | Form(s) W-2 (see instruct               | tions)                     |             | . 1d              |  |                             |  |
| Trade or  | е   | Taxable dependent care benefits fr                                  |                   |   |                            |             | . 1e              |  |                             |  |
| 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,<br>SSA-1042-S,  | i<br>:  | Reserved for future use   | 4:                |   |                            |             |                   |  |                             |  |
| RRB-1042-S,   | J   | Reserved for future use   | . <u>1j</u>       |   |                            |             |                   |  |                             |  |
| and 8288-A  | K   | Total income exempt by a treaty from line 1(e)                      |                   | ,                                       | tem L,                     |             |                   |  |                             |  |
| here. Also attach   | z   | Add lines 1a through 1h   |                   |   |                            |             |                   |  | 6,431.                      |  |
| Form(s)   | 2a  |   |                   |   |                            |             |                   |  |                             |  |
| 1099-R if tax was   | 3a  |   |                   |   |                            |             |                   |  |                             |  |
| withheld.   | 4a  |   |                   |   |                            |             |                   |  |                             |  |
| If you did not  | 5a  |   |                   |   |                            |             |                   |  |                             |  |
| get a Form<br>W-2, see  | 6   | Reserved for future use   | . 6               |   |                            |             |                   |  |                             |  |
| instructions.   | 7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here              |   |                   |   |                            |             |                   |  |                             |  |
|   | 8   | Additional income from Schedule 1                                   |                   |   |                            |             |                   |  |                             |  |
|   | 9   | Add lines 1z, 2b, 3b, 4b, 5b, 7, and                                | . 9               |   | 6,431.                     |             |                   |  |                             |  |
|   | Adjustments to income from Schedule 1 (Form 1040), line 26. These are your <b>total adjustments to income</b> |   |                   |   |                            |             |                   |  |                             |  |
|   | 11  | Subtract line 10 from line 9. This is                               | your <b>adj</b> ı | usted gross income                      |                            |             | . 11              |  | 6,431.                      |  |
|   | 12  | <b>Itemized deductions</b> (from Sched deduction (see instructions) |                   |   | 13,850.                    |             |                   |  |                             |  |
|   | 13a   | Qualified business income deduction                                 |                   |   |                            |             |                   |  |                             |  |
|   | b   |   |                   |   |                            |             |                   |  |                             |  |
|   | С   | Add lines 13a and 13b   |                   |   |                            |             | . 13c             |  |                             |  |
|   | 14  |   |                   |   |                            |             |                   |  | 13,850.                     |  |
|   | 15  | Subtract line 1/1 from line 11 If zero                              | or leee           | antar -0- This is your ta               | vahla incomo               |             | 15                | 1  | Ω                           |  |

| Form 1040-NR (    | 2023)  |   |               |                    |            |                   | Page 2             |  |  |  |
|-------------------|--|---|---------------|--------------------|------------|-------------------|--------------------|--|--|--|
| Tax and           | 16   | Tax (see instructions). Check if any from Form(s): 1  8814  | <b>2</b> 4972 | 2 3 🗌              |            | 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 Schedule 88  | 12 (Form 104  | 10)                |            | 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 or bus  | siness from   |                    |            |                   |                    |  |  |  |
|                   |  | Schedule NEC (Form 1040-NR), line 15  |               | 23a                |            |                   |                    |  |  |  |
|                   | b  | Other taxes, including self-employment tax, from Schedule 2 (Fo   | orm 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 <b>total tax</b>   |               | <u></u>            |            | 24                | 0.                 |  |  |  |
| <b>Payments</b>   | 25   | Federal income tax withheld from:   |               |                    |            |                   |                    |  |  |  |
|                   | а  | Form(s) W-2   |               | 25a                | 53.        |                   |                    |  |  |  |
|                   | b  | Form(s) 1099  |               | 25b                |            |                   |                    |  |  |  |
|                   | С  | Other forms (see instructions)  |               | 25c                |            |                   |                    |  |  |  |
|                   | d  | Add lines 25a through 25c   |               |                    |            | 25d               | 53.                |  |  |  |
|                   | 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 2022 ret  | turn          |                    |            | 26                |                    |  |  |  |
|                   | 27   | Reserved for future use   |               | 27                 |            |                   |                    |  |  |  |
|                   | 28   | Additional child tax credit from Schedule 8812 (Form 1040) .  | İ             | 28                 |            |                   |                    |  |  |  |
|                   | 29   | Credit for amount paid with Form 1040-C   | 1             | 29                 |            |                   |                    |  |  |  |
|                   | 30   | Reserved for future use   |               |                    |            |                   |                    |  |  |  |
|                   | 31   | Amount from Schedule 3 (Form 1040), line 15   |               |                    |            |                   |                    |  |  |  |
|                   | 32   | Add lines 28, 29, and 31. These are your total other payments a   |               | 32                 |            |                   |                    |  |  |  |
|                   | 33   |   | 33            | 53.                |            |                   |                    |  |  |  |
| Refund            | 34   | 34  | 53.           |                    |            |                   |                    |  |  |  |
|                   | 35a  | If line 33 is more than line 24, subtract line 24 from line 33. This i<br>Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is att | t             | 35a                | 53.        |                   |                    |  |  |  |
| Direct deposit?   | b  |   |               |                    | Savings    |                   |                    |  |  |  |
| See instructions. | d  | Account number 8 9 2 8 5 1 6 9 9  |               |                    |            |                   |                    |  |  |  |
|                   | -<br>-   | If you want your refund check mailed to an address outside the  |               |                    |            |                   |                    |  |  |  |
|                   | ·  | enter it here.  | Officea Otato | o not onown on     | pago 1,    |                   |                    |  |  |  |
|                   | 36   | Amount of line 34 you want applied to your 2024 estimated tax   | ζ             | 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 see in   | nstructions.  |                    |            | 37                |                    |  |  |  |
| 100 OWC           | 38   | Estimated tax penalty (see instructions)  | 1             | 38                 |            | <u> </u>          |                    |  |  |  |
| Third             |  | ete belov   | w. 🗵 No       |                    |            |                   |                    |  |  |  |
| Party             | Do you want to allow another person to discuss this return with the IRS? See instructions.  Legislater Yes. Complete below.  Personal identification                       |   |               |                    |            |                   |                    |  |  |  |
| Designee          | name   |   | alion         |                    |            |                   |                    |  |  |  |
|                   | name nonumber (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 and |   |               |                    |            |                   |                    |  |  |  |
|                   |  |   |               | nas any knowledge. |            |                   |                    |  |  |  |
| Sign              | Your   | signature Date Your   | cocupation    |                    | If the     | IRS ser           | nt you an Identity |  |  |  |
| Here              |  |   | '             |                    |            |                   | N, enter it here   |  |  |  |
|                   |  | nst.)   |               |                    |            |                   |                    |  |  |  |
|                   | Phone  | e no. Email address   |               |                    |            |                   |                    |  |  |  |
| Paid              | Prepa  | rer's name Preparer's signature   |               | Date               | PTIN       |                   | Check if:          |  |  |  |
|                   | SYAM   | 1 PRIYA RAM SAGAR GUPTA   SYAM PRIYA RAM SAGA   | R GUPTA       | 04/11/2024         | P02082     | 703               | Self-employed      |  |  |  |
| Preparer          | Firm's   | sname GLOBAL TAXES LLC  |               |                    | Phone no   | o. (678) 965-9522 |                    |  |  |  |
| Use Only          | Firm's   | address 245 ROONEY CT E BRUNSWICK NJ 08   | 3816          |                    | Firm's EII |                   | -3171965           |  |  |  |

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

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

OMB No. 1545-0074

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** 

Name shown on Form 1040-NR SAI KALYAN YENUGULA Your identifying number 859-29-9429

| Nature of Income  |   |   |                              | (a) 10% | <b>(b)</b> 15%              | (a) 20%             | (d) Other (specify)     |   |  |
|---|---|---|------------------------------|---------|-----------------------------|---------------------|-------------------------|---|--|
|   |   | Nature of income  |                              |         | (a) 10%                     | (b) 15%             | (c) 30%                 | %   | %  |
| 1   | Dividends and divide  | •   |                              |         |                             |                     |                         |   |  |
| а   | a Dividends paid by U.S. corporations   |   |                              |         |                             |                     |                         |   |  |
| b   | c Dividend equivalent payments received with respect to section 871(m) transactions |   |                              |         |                             |                     |                         |   |  |
| С   |   |   |                              |         |                             |                     |                         |   |  |
| 2   |   |   |                              |         |                             |                     |                         |   |  |
| а   | a Mortgage  |   |                              | 2a      |                             |                     |                         |   |  |
| b   | b Paid by foreign corporations  |   |                              |         |                             |                     |                         |   |  |
| С   | Other   |   |                              | 2c      |                             |                     |                         |   |  |
| 3   | Industrial royalties (p   | atents, trademarks, etc.)   |                              | 3       |                             |                     |                         |   |  |
| 4   | Motion picture or TV  | copyright royalties   |                              | 4       |                             |                     |                         |   |  |
| 5   | Other royalties (copy   | rights, recording, publishing, etc.)  |                              | 5       |                             |                     |                         |   |  |
| 6   | Real property incom-  | e and natural resources royalties   |                              | 6       |                             |                     |                         |   |  |
| 7   | Pensions and annuit   | ies   |                              | 7       |                             |                     |                         |   |  |
| 8   | Social security benefits  |   |                              |         |                             |                     |                         |   |  |
| 9   |   | e 18 below  | 9                            |         |                             |                     |                         |   |  |
| 10  | If zero or less, enter -0   |   |                              |         |                             |                     |                         |   |  |
| а   | Winnings  |   |                              |         |                             |                     |                         |   |  |
| b   | Losses  |   | 10c                          |         |                             |                     |                         |   |  |
| 11  | Note: Enter winnings only. Losses aren't allowed                                    |   |                              | 11      |                             |                     |                         |   |  |
| 12  | 12 Other (specify):   |   |                              |         |                             |                     |                         |   |  |
|   |   |   |                              |         |                             |                     |                         |   |  |
| 13  | _   | 12 in columns (a) through (d)   |                              | 13      |                             |                     |                         |   |  |
| 14  |   | ate of tax at top of each column  |                              | 14      |                             | 4 =                 |                         | N. N. D. II   |  |
| 15  | Tax on income not e   | ffectively connected with a U.S. trade or business.   |                              |         |                             |                     |                         | D-NR, line 23a <b>15</b>                                  |  |
|   |   | Capital Gains and   | Losses r                     | -rom    | Sales or Excha              | inges of Proper     | Ly                      |   |  |
| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not |   | 16 (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<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   | ely connected with a U.S. ss. Do not include a gain                                 |   |                              |         |                             |                     |                         |   |  |
| or loss on disposing of a U.S. real property interest; report these   |   |   |                              |         |                             |                     |                         |   |  |
|   | nd losses on Schedule D   |   |                              |         |                             |                     |                         |   |  |
| •   | property sales or   |   |                              |         |                             |                     |                         |   |  |
| exchan  | ges that are effectively  |   |                              |         |                             |                     |                         |   |  |
| on Sche   | ted with a U.S. business edule D (Form 1040),                                       | 17 Add columns (f) and (g) of line 16   |                              |         |                             |                     |                         |   |  |
| Form 4797, or both.   |   | 18 Capital gain. Combine columns (f) and (g)  | ) of line 17                 | ⁄. Ente | r the net gain her          | e and on line 9 abo | ove. It a loss, ent     | er -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.

Attachment Sequence No. **7C** 

| SAI    | KALYAN YENUGULA  | 859-29-9429                         |                            |  |                    |                       |                 |  |  |  |  |  |
|--------|--|-------------------------------------|----------------------------|--|--------------------|-----------------------|-----------------|--|--|--|--|--|
| Α      | Of what country or countries were you a citizen or national 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 p         | ermanent resident          | ) of the United States? .              | [                  | Yes                   | ⊠ No            |  |  |  |  |  |
| D      | Were you ever:   |                                     |                            |  |                    |                       |                 |  |  |  |  |  |
| 1.     | A U.S. citizen?  |                                     |                            |  |                    | Yes                   | ⊠ No            |  |  |  |  |  |
| 2.     | A green card holder (lawful pe   |                                     | Yes                        | ⊠ No                                   |                    |                       |                 |  |  |  |  |  |
|        | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.  |                                     |                            |  |                    |                       |                 |  |  |  |  |  |
| Е      | 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?   |                                     |                            |  |                    |                       |                 |  |  |  |  |  |
| ^      | If you answered "Yes," indicate the date and nature of the change:   |                                     |                            |  |                    |                       |                 |  |  |  |  |  |
| 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             |                       |                 |  |  |  |  |  |
|        | Date entered United States   | 1                                   |                            |  |                    | had I laita           | Ctatas          |  |  |  |  |  |
|        | mm/dd/yy   | Date departed United State mm/dd/yy | es                         | Date entered United States<br>mm/dd/yy |                    | tea United<br>m/dd/yy | States          |  |  |  |  |  |
|        | типи сал уу  | Tillin dan y y                      | -                          | Tillin dan yy                          | <del></del>        | Плаалуу               |                 |  |  |  |  |  |
|        |  |                                     | <del></del>                |  |                    |                       |                 |  |  |  |  |  |
|        |  |                                     | <del>- </del>              |  |                    |                       |                 |  |  |  |  |  |
|        |  |                                     | <del>-</del>               |  |                    |                       |                 |  |  |  |  |  |
| н      | Give number of days (including   | vacation, nonworkdays, and          | l<br>  partial days) you y | vere present in the United S           | <br>States during: |                       |                 |  |  |  |  |  |
| ••     |  | , 2022                              |                            |  |                    |                       |                 |  |  |  |  |  |
| ı      | Did you file a U.S. income tax   | return for any prior year?          |                            |  |                    | X Yes                 | □No             |  |  |  |  |  |
|        | If "Yes," give the latest year ar  |                                     |                            |  |                    |                       |                 |  |  |  |  |  |
| J      | Are you filing a return for a trus   | st?                                 | <del>-</del>               |  |                    | Yes                   | ⊠ No            |  |  |  |  |  |
|        | If "Yes," did the trust have a l   |                                     |                            |  |                    |                       |                 |  |  |  |  |  |
|        | U.S. person, or receive a cont   |                                     |                            |  |                    | Yes                   | □No             |  |  |  |  |  |
| K      | Did you receive total compens  | sation of \$250,000 or more         | during the tax year        | ?                                      |                    | Yes                   | ⊠ No            |  |  |  |  |  |
|        |  |                                     |                            |  |                    | Yes                   | ☐ No            |  |  |  |  |  |
| L      | If "Yes," did you use an alternative method to determine the source of this compensation?  |                                     |                            |  |                    |                       |                 |  |  |  |  |  |
| 1.     | Enter the name of the country,   | the applicable tax treaty art       | icle, the number of        | months in prior years you              | claimed the trea   | ity benefit           | t, and the      |  |  |  |  |  |
|        | amount of exempt income in the   | ne columns below. Attach Fo         | orm 8833 if required       | d. See instructions.                   |                    |                       |                 |  |  |  |  |  |
|        | <b>(a)</b> Cou   | ntry                                | (b) Tax treaty artic       |  |                    |                       |                 |  |  |  |  |  |
|        |  |                                     |                            | claimed in prior tax yea               | ars income in      | current ta            | urrent tax year |  |  |  |  |  |
|        |  |                                     |                            |  |                    |                       |                 |  |  |  |  |  |
|        |  |                                     |                            |  |                    |                       |                 |  |  |  |  |  |
|        |  |                                     |                            |  |                    |                       |                 |  |  |  |  |  |
|        |  |                                     |                            |  |                    |                       |                 |  |  |  |  |  |
|        |  |                                     |                            |  |                    |                       |                 |  |  |  |  |  |
|        | (-) T-4-1 F-4 (1)  | - F 4040 ND 11 - 41 - 5             |                            | de un ele e un l'                      |                    |                       |                 |  |  |  |  |  |
| ^      | (e) Total. Enter this amount o   |                                     | •                          |  |                    |                       |                 |  |  |  |  |  |
| 2.     | , ,  |                                     |                            |  |                    | _ Yes                 | ∐ No<br>⊠ No    |  |  |  |  |  |
| ა.     | Are you claiming treaty benefit  |                                     |                            |  |                    | Yes                   | △ NO            |  |  |  |  |  |
| м      | If "Yes," attach a copy of the C<br>Check the applicable box if:   | Joinpetent Authority detern         | imation letter to yo       | our return.                            |                    |                       |                 |  |  |  |  |  |
| M<br>1 | This is the first year you are m   | aking an election to treat in       | come from real pr          | onerty located in the Unite            | ad States as offe  | actively o            | nnected         |  |  |  |  |  |
| 1.     | with a U.S. trade or business t  |                                     |                            |  |                    |                       | . $\square$     |  |  |  |  |  |
| 2.     | You have made an election in   |                                     |                            |  |                    |                       | e United        |  |  |  |  |  |
|        | States as effectively connecte   |                                     |                            |  |                    |                       |                 |  |  |  |  |  |