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

Social security number Social security nu	Submis	ssion Identification Number (SID)		•				
Part Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)	Taxpaye	r's name	Social sec	urity numb	er			
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. 1	VIVE	K PAKALAPATI	650-3	3-5029	9			
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Spouse's	Spouse's name Spouse's s						
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 335. 4 Amount you want refunded to you 4 3339. 5 Amount you want refunded to you 10 Loader penalties of perluy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I hardred declare that I have a manus in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an achieved reduce that I have a manus in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an achieved reduce that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an achieved interest in the IRS (a) an achieved interest of care and a received in the result of the achieved in the processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Trassury Financial Agent to terminate the authorization is to remain in full force and effect until I notify the U.S. Trassury Financial Agent to terminate the authorization requests must prove provide care than 2 business days prior to the payment. I must confident all information necessary to answer inquires and resolve insure return (original or amended) I am now authorizing of the electronic payment of the payment or the		<u> </u>	year you	are aut	horizing	ı.)		
Adjusted gross income Amount you want refunded to you Amount to the income tax return (original or amended) I am now authorizing and, if applicable, my below the refunded to the payment. I further acknowledge that the personal identification number (Pink) below is my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your r		·						
2 16. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 3.55. 4 Amount you want refunded to you . 4 339. 5 Amount you want refunded to you . 4 339. 5 Amount you want refunded to you . 4 339. 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of perjuny, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of whowledge and belief, it is true, correct, and complete. I further declare that the amounts for Part I above are mounts from the income tax return (original or amended) I am now authorizing, and to the best of the sensing the return or return (original or amended) I am now authorizing, and to the best of the sensing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funda withdrawal (gired rebit) entry to the financial institution to debit the entry to this account inclared in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions to debit the entry to this account for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury Financial Agent at 18-88-834-8457. Payment rencellation insquants in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions involved in the processing of the electronic payment of the taxes to receive confidential information necessary. The payment rencellation insquants institution to debt the entry to this account. This taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment to the electronic payment of the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment	Note:							
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Amount you want refunded to you 5 Amount you owe Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete I. If uther declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete I. If uther declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my return to the IRS and to accivate from the IRS (a) an acknowledgement of receipt or reason for rejection, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial payment of processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury in the IRS (a) and acknowledgement of restinated tax, and the financial institution the U.S. Treasury in the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at a Reas 3-35-37. Payment cancellation requests the early to the lactor in the payment of the payment of the payment of the IRS (a) and 1-88-353-457. Payment cancellation requests the early to the lactor and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at the authorization. To revoke (cancel) a second treating the payment of the electronic payment of the IRS								
Amount you owe Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalize of perjury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the lincome tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the sum or indicated in the tax return (original or amended) I am now authorized the Carbon or any delay in processing the return or refund, and (c) the date of any refund. I applicable, authorize the circulated the control of a payment of any delay in the processing the return or refund. Agent to initiate an ACH electronic funds withdrawal did a payment of the payment of the payment of the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (Pilk) below is my signature for the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature Part III Certification and Authentication — Practitioner PIN Method Only ERO's signature Part United Tax set in the processing of the electronic individual income tax return (original or amended) I am now authorizing. Check this								
Part II				-		339.		
Under penalties of perjuy, I declare that II have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I about is now at the norm to the RS and to receive from the IRS (a) an acknowledgement of receipt or reason for receipt on of the transmission, (b) the reson for any delay in processing the return or refund, and (e) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial authorization is to remain full force and effect until 1 notify the U.S. Treasury Financial Agent to intimation account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of the processing of the electronic payment of the payment is certificated until 1 notify the U.S. Treasury Financial Agent to termination in the authorization concerns the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the prevention Full Pill Pill Pill Pill Pill Pill Pill P		•						
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I authorize GLOBAL TAXES LLC ERO firm name signature on the income tax return (original or amended) I am now authorizing. □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶ VIVEK PAKALAPATI Spouse's PIN: check one box only □ I authorize ERO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ▶ Date ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.	to send for any Agent to paymen authoriz paymen busines taxes to persona	my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication may be deral taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the Insurance the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised and support to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the pay il identification number (PIN) below is my signature for the income tax return (original or amended) I am	ction of the S. Treasunce to the cated in the cated in the the authorests must processing ayment. It	e transmis y and its of e tax prep the entry to rization. To be received of the electrication	ssion, (b) to designated paration so this according revoke wed no late throwledge throwledge.	he reason I Financial Iftware for ount. This (cancel) a ter than 2 ayment of e that the		
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I authorize	Your si	gnature ► VIVEK PAKALAPATI	10th /	April	2024	<u>-</u>		
I authorize	Spous	e's PIN: check one box only	-					
ERO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature ▶ Date ▶ Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶		•	nv PIN			as my		
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<u>_</u>	authoriz	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi	tting this r	eturn in a	ccordanc			
<u>_</u>	EDO:	oignatura N						
FRITWING RAISIN THE FORM — SAA INCTINCTIONS	ERU S	Signature ► Date ► ERO 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 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2023, or other tax year beginn				, 2023,	20		e separate structions.				
Your first name and middle initial			Last name Yo					our identifying number see instructions)			
VIVEK				TADAMT	`	,					
				LAPATI			050-	650-33-5029 Apt. no.			
Home address (number and street). If you have a P.O. box,				structions.				302			
14213 CYBER PL City, town, or post office. If you have a foreign address, also complete spaces below.						State		ZIP code			
	031 0	nice. Il you liave a loreigh address, a	iso comp	nete spaces below.		FL		3361			
TAMPA Foreign country name				n province/state/county			postal cod		3		
r oreigir courti y	Παπ	C	Torcig	in province/state/county		l oreign	postai coc				
Filing Status		Single			ng surviving spouse	` ,	☐ Est	ate	☐ Trust		
Check only one box.		you checked the QSS box, enter the	endent: 								
Digital Assets		ny time during 2023, did you: (a) rece erwise dispose of a digital asset (or a					or (b) sell, e		ge, or Yes 🄀 No		
Dependents						(4) Ch	eck the box	if qualifi	ies for (see inst.):		
(see instructions):	1	(1) First name Last name		(2) Dependent's identifying number	(2) Polotionohin to v	Chi	ld tax credit	x credit Credit for othe			
	(1) First name Last name		•	Identifying number	(3) Relationship to yo	ou			dependents		
If more than four							-	+			
dependents, see											
instructions and check here											
Income	1a	Total amount from Form(s) W-2, bo	x 1 (see i	instructions)			. 1a		14,022.		
Effectively	b	Household employee wages not rep	•	,							
Connected	c	Tip income not reported on line 1a		` '							
With U.S.	d	Medicaid waiver payments not repo	•	·			. 1d				
Trade or	е	Taxable dependent care benefits from		` ' ` `	,		. 1e				
Business	f	Employer-provided adoption benefi	. 1f								
	g	Wages from Form 8919, line 6 .	. 1g								
Attach Form(s) W-2,	h	Other earned income (see instruction	. 1h								
1042-S,	i	Reserved for future use									
SSA-1042-S,	j	Reserved for future use					. 1j				
RRB-1042-S, and 8288-A here. Also	k	Total income exempt by a treaty fro line 1(e)									
attach	Z	Add lines 1a through 1h	. 1z		14,022.						
Form(s) 1099-R if	2a	a Tax-exempt interest 2a b Taxable interest									
tax was	3a	Description of the control of the co									
withheld.	4a										
If you did not get a Form	5a Pensions and annuities 5a b Taxable amount										
W-2, see	6										
instructions.	7	Capital gain or (loss). Attach Sched	<u> </u>								
	 Additional income from Schedule 1 (Form 1040), line 10 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income 								14 022		
	9			•					14,022.		
	10						. 10		14.000		
	11	Subtract line 10 from line 9. This is							14,022.		
	12	Itemized deductions (from Sched deduction (see instructions)			Std Dedn US/				13,850.		
	13a										
	b Exemptions for estates and trusts only (see instructions)										
	C	Add lines 13a and 13b							12 050		
	14 15	Add lines 12 and 13c					. 14		13,850.		
			OFICE	GUIGE LINE IS VOIR 19	vania incoma		1 75				

Form 1040-NR ((2023)											Page 2
Tax and	16	Tax (see instructions). Check if any	from For	m(s): 1 88	314 2 [497	2 :	3 🗌		16		16.
Credits	17	Amount from Schedule 2 (Form 10	40), line	3						17		0.
	18	Add lines 16 and 17								18		16.
	19	Child tax credit or credit for other of	19									
	20 Amount from Schedule 3 (Form 1040), line 8											
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18. If zero	o or less	s, enter -0						22		16.
	23a	Tax on income not effectively conn Schedule NEC (Form 1040-NR), line		ith a U.S. trade o			23a					
	b	Other taxes, including self-employ line 21	ment ta	x, from Schedule	e 2 (Form 1	040),	23b					
	С	Transportation tax (see instructions					23c					
	d	Add lines 23a through 23c	•				·			23d		
	24	Add lines 22 and 23d. This is your								24		16.
Payments	25	Federal income tax withheld from:										
,	а	Form(s) W-2					25a		355.			
	b	Form(s) 1099					25b					
	С	Other forms (see instructions) .					25c					
	d	Add lines 25a through 25c					·			25d		355.
	е	Form(s) 8805								25e		
	f	Form(s) 8288-A								25f		
	g	Form(s) 1042-S								25g		
	26	2023 estimated tax payments and								26		
	27	Reserved for future use					27					
	28	Additional child tax credit from Sch					28					
	29	Credit for amount paid with Form 1					29					
	30	Reserved for future use					30					
	31	Amount from Schedule 3 (Form 10					31					
	32	Add lines 28, 29, and 31. These are	,.					edits .		32		
	33	Add lines 25d, 25e, 25f, 25g, 26, at	•							33		355.
Refund	34	If line 33 is more than line 24, subti								34		339.
	35a	Amount of line 34 you want refund					-	-		35a		339.
Direct deposit?	b	Routing number 2 6 7 0			c Type:		Check		Savings			
See instructions.		Account number 8 8 5 0				I			3			
	e				le the Unite	d State	≕ es not	::: shown or	page 1.			
	e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.											
	36	Amount of line 34 you want applie					36					
Amount	37	Subtract line 33 from line 24. This i										
You Owe		For details on how to pay, go to wi	ww.irs.g	ov/Payments or	see instruct	tions .				37		
	38	Estimated tax penalty (see instruct	ions) .				38					
Third	Do yo	ou want to allow another person to d	liscuss tl	his return with th	ne IRS? See	instru	ctions.	Y	es. Comp	olete bel	ow.	⊠ No
Party Designee	Designee's Phone Personal identi							fication				
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which personal true.											
Sign Here	Your signature Date Your occupation If						I		•	u an Identity nter it here		
пете								e inst.)	, 01			
	Phon	e no.		Email address	1				1,			
Doid			reparer	's signature			Date		PTIN		Check	k if:
Paid			•	PRIYA RAM S	SAGAR GI	ЈРТА	04/1	1/2024	P0208	2703		elf-employed
Preparer		s name GLOBAL TAXES LI					/ -	.,	Phone r			65-9522
Use Only	Firm's address 245 DOONEY OF F DDINGWICK NIT 09916 Firm's F											71965

BAA

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. Sequence No. 7B

Name shown on Form 1040-NR Your identifying number VIVEK PAKALAPATI 650-33-5029 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)				
					(a) 10%	(b) 1370	(6) 30%	%	%	
1	Dividends and divide	nd eq	uivalents:							
а	Dividends paid by U.	S. cor	porations		1a					
b	Dividends paid by fo	reign d	corporations		1b					
С	Dividend equivalent p	aymer	nts received with respect to section 871(m)	transactions	1c					
2	Interest:	-								
а	Mortgage				2a					
b			ns		2b					
С					2c					
3			, trademarks, etc.)		3					
4	Motion picture or TV	copyr	ight royalties		4					
5	Other royalties (copy	rights,	recording, publishing, etc.)		5					
6	Real property income	e and	natural resources royalties		6					
7	Pensions and annuiti	ies .			7					
8					8					
9			elow		9					
10		s of C	anada only. Enter net income in column							
а	Winnings		<u></u>							
b	Losses		<u> </u>		10c					
11	Note: Enter winnings	only.	ountries other than Canada. Losses aren't allowed		11					
12	Other (specify):									
					12					
13	•		columns (a) through (d)		13					
14			tax at top of each column		14					
15	Tax on income not ef	ffectiv	ely connected with a U.S. trade or busine	ess. Add colum	ıns (a)	through (d) of line 14	4. Enter the total here	and on Form 1040	-NR, line 23a 15	
			Capital Gains a	nd Losses F	rom	Sales or Excha	inges of Proper	ty		
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 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).
	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										
gains and losses on Schedule D										
(Form 1	•									
exchan	property sales or ges that are effectively									
connected with a U.S. business on Schedule D (Form 1040),										
Form 4797, or both.		18	Capital gain. Combine columns (f) and	d (g) of line 17	'. Ente	er the net gain her	e and on line 9 abo	ove. If a loss, ente	er -0 18	

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

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

Answer all questions.

OMB No. 1545-0074

2023

Attachment Sequence No. 7C

Department of the Treasury Internal Revenue Service

	snown on Form 1040-NR			Your identifying							
VIV	VIVEK PAKALAPATI 650-33										
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		☐ Yes	⊠ No							
D	Were you ever:										
1	A U.S. citizen?		☐ Yes	⊠ No							
2	A green card holder (lawful permanent resident) of the L										
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4										
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 yearF1										
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?										
G	List all dates you entered and left the United States duri	ng 2023. See instruction	ons.								
	Note: If you're a resident of Canada or Mexico AND co			ent intervals,							
	check the box for Canada or Mexico and skip to item	H	\square Canada	☐ Mexico							
	Date entered United States Date departed United States mm/dd/yy mm/dd/yy	ntes D	oate entered United State			d States					
	mm/dd/yy mm/dd/yy		mm/dd/yy	- 1	nm/dd/yy						
Н	Give number of days (including vacation, nonworkdays, ar			_							
_	2021 , 2022	, and 20	023 365	·	V						
ı	Did you file a U.S. income tax return for any prior year?				⊠ Yes	☐ No					
	If "Yes," give the latest year and form number you filed:	10	40NR								
J	Are you filing a return for a trust?										
	U.S. person, or receive a contribution from a U.S. perso										
.,					Yes	□ No					
K	Did you receive total compensation of \$250,000 or more				∐ Yes	⊠ No					
	If "Yes," did you use an alternative method to determine				∐ Yes	∐ No					
L	Income Exempt From Tax—If you are claiming exempt complete (1) through (3) below. See Pub. 901 for more in			tax treaty with	a toreign	country,					
1	Enter the name of the country, the applicable tax treaty a			claimed the tre	aty benefi	t, and the					
	amount of exempt income in the columns below. Attach I	Form 8833 if required.	See instructions.								
	(a) Country	(b) Tax treaty article	1	, ,	\ \ \ \						
			claimed in prior tax ye	ars income ii	n current ta	ax year					
	(e) Total. Enter this amount on Form 1040-NR, line 1k.										
2	Were you subject to tax in a foreign country on any of the				∐ Yes	∐ No					
3	Are you claiming treaty benefits pursuant to a Competer				Yes	⊠ No					
	If "Yes," attach a copy of the Competent Authority deter	mination letter to your	r return.								
М	Check the applicable box if:										
1	This is the first year you are making an election to treat with a U.S. trade or business under section 871(d). See		erty located in the Unite		fectively c	onnected					
2	You have made an election in a previous year that ha				ated in th	ne United					
	States as effectively connected with a U.S. trade or bus										