## Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2022 OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

| For the year Ja                  | n. 1–D   | ec. 31, 2022, or other tax year beginn  | ing       | , 2022,                            | ending                 | ·································· | 20                           | See separate instructions.                                 |
|----------------------------------|----------|---|-----------|------------------------------------|------------------------|------------------------------------|------------------------------|--|
| Filing<br>Status                 |          | Single Married filing sepa  | • •       | ,                                  | ng surviving spouse    | ,                                  | Esta                         | ate 🗌 Trust  |
| Check only one box.              |          |   |           |                                    |                        |                                    |                              |  |
| Your first name                  | and r    | middle initial  | Last na   | ame                                |                        |                                    | Your ide                     | entifying number<br>ructions)                              |
| SANDEEP YAI                      | DAV      |   | PALA      | SREERAMULU                         |                        |                                    | 1 '                          | 77 6155  |
| Home address<br>51 E GREEN S     |          | per and street). If you have a P.O. box   | , see ins | tructions.                         |                        |                                    |                              | Apt. no.<br>301  |
|                                  | ost of   | fice. If you have a foreign address, als  | so comp   | lete spaces below.                 |                        | State                              |                              | ZIP code   |
| CHAMPAIGN<br>Foreign country     | , nam    | 0   | Foreign   | n province/state/county            |                        | IL                                 | postal cod                   | 61820  |
| Foreign country                  | упапп    | е   | roreigi   | i province/state/county            |                        | roreign                            | postai cod                   | е  |
| Digital Assets                   |          | ny time during 2022, did you: (a) recei<br>rwise dispose of a digital asset (or a f |           |                                    |                        |                                    |                              |  |
| Dependents<br>(see instructions) | 1        | (1) First name Last name  |           | (2) Dependent's identifying number | (3) Relationship to yo | Chi                                | eck the box<br>ld tax credit | if qualifies for (see inst.):  Credit for other dependents |
| If more than four                |          |   |           |                                    |                        |                                    |                              | <del></del>  |
| dependents, see                  | ·        |   |           |                                    |                        |                                    |                              |  |
| instructions and check here      |          |   |           |                                    |                        |                                    | $\dashv$                     |  |
| Income                           | 1a       | Total amount from Form(s) W-2, box  | 1 (see i  | nstructions)                       |                        |                                    | . 1a                         | 31367  |
| Effectively                      | b        | Household employee wages not rep  | orted or  | Form(s) W-2                        |                        |                                    | . 1b                         |  |
| Connected                        | С        | Tip income not reported on line 1a (s   | ee instr  | uctions)                           |                        |                                    | . 1c                         |  |
| With U.S.                        | d        | Medicaid waiver payments not report   |           | . ,                                | ,                      |                                    | . 1d                         |  |
| Trade or                         | е        | Taxable dependent care benefits fro   |           | ·                                  |                        |                                    | . 1e                         |  |
| Business                         | f        | Employer-provided adoption benefit:   |           | ·                                  |                        |                                    | . 1f                         |  |
| Attach                           | g<br>h   | Wages from Form 8919, line 6 Other earned income (see instruction                   |           |                                    |                        |                                    | . 1g                         |  |
| Form(s) W-2,<br>1042-S,          | i        | Reserved for future use   |           |                                    |                        |                                    |                              |  |
| SSA-1042-S,                      | i        | Reserved for future use   |           |                                    |                        |                                    | . 1j                         |  |
| RRB-1042-S,<br>and 8288-A        | k        | Total income exempt by a treaty from  | n Sched   | ule OI (Form 1040-NR), it          | tem L,                 |                                    |                              |  |
| here. Also                       |          | line 1(e)   |           |                                    |                        |                                    | 0                            |  |
| attach                           | Z        | Add lines 1a through 1h   |           |                                    |                        |                                    | . 1z                         | 31367  |
| Form(s)<br>1099-R if             | 2a       | Tax-exempt interest 2a  |           |                                    | able interest          |                                    | . 2b                         |  |
| tax was                          | 3a       | Qualified dividends 3a  |           | _                                  | dinary dividends .     |                                    |                              | 0  |
| withheld.  If you did not        | 4a       | IRA distributions 4a  Pensions and annuities 5a                                     | _         |                                    | able amount            |                                    |                              |  |
| get a Form                       | 5a<br>6  | Pensions and annuities <u>5a</u> Reserved for future use                            |           | -                                  | cable amount           |                                    | . 5b                         | 0  |
| W-2, see                         | 7        | Capital gain or (loss). Attach Schedu   |           |                                    |                        |                                    |                              | 0  |
| instructions.                    | 8        | Other income from Schedule 1 (Form  | ,         |                                    | •                      |                                    |                              | 117  |
|                                  | 9        | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8  | ,.        |                                    |                        |                                    |                              | 31484  |
|                                  | 10       | Adjustments to income:  |           |                                    |                        |                                    |                              |  |
|                                  | а        | From Schedule 1 (Form 1040), line 2   | 6         |                                    | 10a                    |                                    | 0                            |  |
|                                  | b        | Reserved for future use   |           |                                    |                        |                                    |                              |  |
|                                  | C        | Reserved for future use   |           |                                    |                        |                                    |                              | _  |
|                                  | d        | Enter the amount from line 10a. These   | -         |                                    |                        |                                    |                              | 21494  |
|                                  | 11<br>12 | Subtract line 10d from line 9. This is<br>Itemized deductions (from Schedu          | •         |                                    |                        |                                    |                              | 31484  |
|                                  |          | deduction (see instructions) . Stand  | daŗd Ďe   | duction Allowed Under U            | .S India Income Ta     |                                    |                              | 12950  |
|                                  | 13a<br>b | Qualified business income deduction<br>Exemptions for estates and trusts or         |           |                                    |                        |                                    |                              |  |
|                                  | C        | Add lines 13a and 13b   | • •       | ,                                  |                        |                                    | . 13c                        |  |
|                                  | 14       |   |           |                                    |                        |                                    |                              | 12950  |
|                                  | 15       | Subtract line 14 from line 11. If zero  |           |                                    |                        |                                    |                              | 18534  |

| Form 1040-NR                       | (2022)  |   |                      |              |          |         |         |          |           |           | Page        | 2  |
|------------------------------------|---|---|----------------------|--------------|----------|---------|---------|----------|-----------|-----------|-------------|----|
| Tax and                            | 16  | Tax (see instructions). Check if any from F   | orm(s): <b>1</b>     | 814 <b>2</b> | <u> </u> | 2 3     | B 🗆     |          | 16        |           | 20          | 18 |
| Credits                            | 17  | Amount from Schedule 2 (Form 1040), lir   | e3                   |              |          |         |         |          | 17        |           |             | C  |
|                                    | 18  | Add lines 16 and 17   |                      |              |          |         |         |          | 18        |           | 20          | 18 |
|                                    | 19  | Child tax credit or credit for other depend   | dents from Sched     | lule 8812 (I | Form 10  | 40) .   |         |          | 19        |           |             | (  |
|                                    | 20  | Amount from Schedule 3 (Form 1040), lir   | ie 8                 |              |          |         |         |          | 20        |           |             | C  |
|                                    | 21  | Add lines 19 and 20   |                      |              |          |         |         |          | 21        |           |             | C  |
|                                    | 22  | Subtract line 21 from line 18. If zero or le  | ss, enter -0         |              |          |         |         |          | 22        |           | 20          | 18 |
|                                    | 23a   | Tax on income not effectively connected Schedule NEC (Form 1040-NR), line 15                              |                      |              |          | 23a     |         | 0        |           |           |             |    |
|                                    | b   | Other taxes, including self-employment till line 21   |                      |              |          | 23b     |         | 0        |           |           |             |    |
|                                    | С   | Transportation tax (see instructions) .   |                      |              |          | 23c     |         | 0        |           |           |             |    |
|                                    | d   | Add lines 23a through 23c   |                      |              |          |         |         |          | 23d       |           |             | C  |
|                                    | 24  | Add lines 22 and 23d. This is your total t  | ax                   |              |          |         |         |          | 24        |           | 20          | 18 |
| <b>Payments</b>                    | 25  | Federal income tax withheld from:   |                      |              |          |         |         |          |           |           |             |    |
|                                    | а   | Form(s) W-2   |                      |              |          | 25a     |         | 3460     |           |           |             |    |
|                                    | b   | Form(s) 1099  |                      |              |          | 25b     |         | 0        |           |           |             |    |
|                                    | С   | Other forms (see instructions)  |                      |              |          | 25c     |         | 0        |           |           |             |    |
|                                    | d   | Add lines 25a through 25c   |                      |              |          | · .     |         |          | 25d       |           | 346         | 60 |
|                                    | е   | Form(s) 8805  |                      |              |          |         |         |          | 25e       |           |             | C  |
|                                    | f   | Form(s) 8288-A  |                      |              |          |         |         |          | 25f       |           |             | C  |
|                                    | g   | Form(s) 1042-S  |                      |              |          |         |         |          | 25g       |           |             | C  |
|                                    | 26  | 2022 estimated tax payments and amount  | nt applied from 20   | 021 return   |          |         |         |          | 26        |           |             | C  |
|                                    | 27  | Reserved for future use   |                      |              |          | 27      |         |          |           |           |             |    |
|                                    | 28  | Additional child tax credit from Schedule   |                      |              |          | 28      |         | 0        |           |           |             |    |
|                                    | 29  | Credit for amount paid with Form 1040-0   |                      |              |          | 29      |         | 0        |           |           |             |    |
|                                    | 30  | Reserved for future use   |                      |              |          | 30      |         |          |           |           |             |    |
|                                    | 31  | Amount from Schedule 3 (Form 1040), lin   |                      |              |          | 31      |         | 0        |           |           |             |    |
|                                    | 32  | Add lines 28, 29, and 31. These are your  | total other payn     | nents and    | refunda  | ble cr  | edits . |          | 32        |           |             | C  |
|                                    | 33  | Add lines 25d, 25e, 25f, 25g, 26, and 32.   |                      |              |          |         |         |          | 33        |           | 346         | 60 |
| Refund                             | 34  | If line 33 is more than line 24, subtract lir   |                      |              |          |         |         |          | 34        |           | 144         | 42 |
|                                    | 35a   | Amount of line 34 you want refunded to  |                      |              |          | -       | -       |          | 35a       |           | 144         | 42 |
| Direct deposit?                    | b   | Routing number 0 7 1 0 0 0  |                      | <b>с</b> Тур |          | Check   |         | Savings  |           |           |             |    |
| See instructions                   |   | Account number 6 9 6 9 5 0  |                      |              | ΙT       |         | ĭ _     | 3        |           |           |             |    |
|                                    | е   | If you want your refund check mailed to   | an address outsi     |              |          |         |         |          |           |           |             |    |
|                                    | 36  | Amount of line 34 you want applied to yo  |                      |              |          | 36      |         | 0        | -         |           |             |    |
| Amount                             | 37  | Subtract line 33 from line 24. This is the  |                      |              |          |         |         |          |           |           |             | _  |
| You Owe                            |   | For details on how to pay, go to www.irs.   | .gov/Payments or     | see instru   | ctions . |         |         |          | 37        |           |             | C  |
|                                    | 38  | Estimated tax penalty (see instructions)  |                      |              |          | 38      |         |          |           |           |             |    |
| Third                              | Do vo   | ou want to allow another person to discuss  |                      |              |          | ctions. | □ Y     | es. Comp | lete bel  | ow. [     | □ No        | _  |
| Party                              | 1   | ·   | Phone                |              |          |         |         |          |           |           |             |    |
| Designee                           | Designee's Phone Personal identific name no. number (PIN) |   |                      |              |          |         |         |          |           |           |             |    |
|                                    | Under   | r penalties of perjury, I declare that I have examin<br>they are true, correct, and complete. Declaration | ed this return and a |              |          |         |         |          |           |           |             |    |
| Sign                               | Your  | signature   | Date                 | Your occ     | upation  |         |         | If th    | e IRS se  | ent you a | an Identity | V  |
| Here                               | ''  |   |                      |              |          |         |         |          | PIN, ente |           |             |    |
|                                    | 04/00/0000   07/105/17                                    |   |                      |              |          | (see    | inst.)  |          |           |           |             |    |
|                                    | Phon  | e no.   | Email address        |              |          |         |         |          |           |           |             |    |
| Paid                               | Prepa   | arer's name Prepare   | er's signature       |              |          | Date    |         | PTIN     |           | Check it  | f:          |    |
|                                    | L   |   |                      |              |          |         |         |          |           | Self      | -employe    | ∍d |
| •                                  | Preparer Firm's name Phone n                              |   |                      |              |          | e no.   |         |          |           |           |             |    |
| Use Only Firm's address Firm's FIN |   |   |                      |              |          | TNI     |         |          | _         |           |             |    |

## **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074 Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

| SAND | EEP YADAV PALA SREERAMULU  |                 | 877 | -77-6155 |
|------|--|-----------------|-----|----------|
| Par  | t I Additional Income  |                 |     |          |
| 1    | Taxable refunds, credits, or offsets of state and local income taxes           |                 | 1   | 117      |
| 2a   | Alimony received   |                 | 2a  | 0        |
| b    | Date of original divorce or separation agreement (see instructions):0          |                 |     |          |
| 3    | Business income or (loss). Attach Schedule C                                   |                 | 3   | 0        |
| 4    | Other gains or (losses). Attach Form 4797                                      |                 | 4   |          |
| 5    | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ch Schedule E . | 5   |          |
| 6    | Farm income or (loss). Attach Schedule F                                       |                 | 6   |          |
| 7    | Unemployment compensation  |                 | 7   | 0        |
| 8    | Other income:  |                 |     |          |
| а    | Net operating loss   | 8a (            | )   |          |
| b    | Gambling   | 8b 0            |     |          |
| С    | Cancellation of debt   | 8c              |     |          |
| d    | Foreign earned income exclusion from Form 2555                                 | 8d (            | )   |          |
| е    | Income from Form 8853  | 8e              |     |          |
| f    | Income from Form 8889  | 8f              |     |          |
| g    | Alaska Permanent Fund dividends  | 8g              |     |          |
| h    | Jury duty pay  | 8h              |     |          |
| i    | Prizes and awards  | <b>8i</b> 0     |     |          |
| j    | Activity not engaged in for profit income                                      | 8j              |     |          |
| k    | Stock options  | 8k              |     |          |
| 1    | Income from the rental of personal property if you engaged in the rental       |                 |     |          |
|      | for profit but were not in the business of renting such property               | 81              |     |          |
| m    | Olympic and Paralympic medals and USOC prize money (see                        |                 |     |          |
|      |  | 8m              |     |          |
| n    | Section 951(a) inclusion (see instructions)                                    | 8n              |     |          |
| 0    | Section 951A(a) inclusion (see instructions)                                   | 80              |     |          |
| р    | Section 461(I) excess business loss adjustment                                 | 8p              |     |          |
| q    | Taxable distributions from an ABLE account (see instructions)                  | 8q              |     |          |
| r    | Scholarship and fellowship grants not reported on Form W-2                     | <b>8r</b> 0     |     |          |
| s    | Nontaxable amount of Medicaid waiver payments included on Form                 |                 |     |          |
|      | 1040, line 1a or 1d  | 8s (            | )   |          |
| t    | Pension or annuity from a nonqualifed deferred compensation plan or            |                 |     |          |
|      | a nongovernmental section 457 plan   | 8t              |     |          |
| u    | Wages earned while incarcerated  | 8u              |     |          |
| Z    | Other income. List type and amount:  |                 |     |          |
|      |  | <b>8z</b> 0     |     |          |
| 9    | Total other income. Add lines 8a through 8z                                    |                 | 9   | 0        |
| 10   | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,         |                 | 10  | 117      |

Schedule 1 (Form 1040) 2022 Page **2** 

| Par      | t II Adjustments to Income  |      |  |
|----------|---|------|--|
| 11       | Educator expenses   | 11   | 0  |
| 12       | Certain business expenses of reservists, performing artists, and fee-basis government               |      |  |
|          | officials. Attach Form 2106   | 12   | 0  |
| 13       | Health savings account deduction. Attach Form 8889  | 13   | 0  |
| 14       | Moving expenses for members of the Armed Forces. Attach Form 3903                                   | 14   |  |
| 15       | Deductible part of self-employment tax. Attach Schedule SE  | 15   | 0  |
| 16       | Self-employed SEP, SIMPLE, and qualified plans  | 16   | 0  |
| 17       | Self-employed health insurance deduction  | 17   | 0  |
| 18       | Penalty on early withdrawal of savings  | 18   | 0  |
| 19a      | Alimony paid  | 19a  | 0  |
| b        | Recipient's SSN   |      |  |
| С        | Date of original divorce or separation agreement (see instructions):                                |      |  |
| 20       | IRA deduction   | 20   | 0  |
| 21       | Student loan interest deduction   | 21   | 0  |
| 22       | Reserved for future use   | 22   |  |
| 23       | Archer MSA deduction  | 23   |  |
| 24       | Other adjustments:  |      |  |
| а        | Jury duty pay (see instructions)  |      |  |
| b        | Deductible expenses related to income reported on line 8I from the                                  |      |  |
|          | rental of personal property engaged in for profit   | _    |  |
| С        | Nontaxable amount of the value of Olympic and Paralympic medals                                     |      |  |
|          | and USOC prize money reported on line 8m  | _    |  |
| d        | Reforestation amortization and expenses   | 4    |  |
| е        | Repayment of supplemental unemployment benefits under the Trade                                     |      |  |
| _        | Act of 1974   | _    |  |
| f        | Contributions to section 501(c)(18)(D) pension plans  | _    |  |
| g        | Contributions by certain chaplains to section 403(b) plans  | -    |  |
| h        | Attorney fees and court costs for actions involving certain unlawful                                |      |  |
|          | discrimination claims (see instructions)  | _    |  |
| - 1      | Attorney fees and court costs you paid in connection with an award                                  |      |  |
|          | from the IRS for information you provided that helped the IRS detect tax law violations             |      |  |
|          | Housing deduction from Form 2555  | -    |  |
| J        | Excess deductions of section 67(e) expenses from Schedule K-1 (Form                                 | -    |  |
| K        | 1041)   |      |  |
| -        |   |      |  |
| Z        | Other adjustments. List type and amount:  |      |  |
| 25       | Total other adjustments. Add lines 24a through 24z  | 25   |  |
| 25<br>26 | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on     |      |  |
| 20       | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a  | 26   | 0  |
|          | 1 5 10 10 5. 10 10 5.1, milo 10, 5.1 5.111 10 10 1411, milo 104 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 20 | <u>.                                      </u> |

## SCHEDULE OI (Form 1040-NR)

**Other Information** 

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

Attach to Form 1040-NR.

Answer all questions.

OMB No. 1545-0074

2022

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

|   | ANDEEP YADAV PALA SREERAMULU 877-77-6155 |   |  |                      |                                     |                  |                                      |            |  |
|---|--|---|--|----------------------|-------------------------------------|------------------|--------------------------------------|------------|--|
| Α |  | Of what country or countries w  | vere vou a citizen or nationa  | al during the tax v  | rear? INDIA                         | 1                |                                      |            |  |
| В |  | Of what country or countries were you a citizen or national during the tax year? INDIA  In what country did you claim residence for tax purposes during the tax year? INDIA   |  |                      |                                     |                  |                                      |            |  |
| C |  | Have you ever applied to be a green card holder (lawful permanent resident) of the United States? [   |  |                      |                                     |                  |                                      |            |  |
| D |  | Were you ever:  | groom oard molder (lawrar p  | omanoni rodidon      | ily of the officer ofaces.          |                  |                                      | ⊠ No       |  |
| _ | 1  | Were you ever: A U.S. citizen?  |  |                      |                                     |                  |                                      |            |  |
|   |  | A green card holder (lawful permanent resident) of the United States?   |  |                      |                                     |                  |                                      |            |  |
|   | ۷.                                       | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules 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  |  |                      |                                     |                  |                                      | X No       |  |
| F |  | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?  |  |                      |                                     |                  |                                      |            |  |
| _ |  | •   |  | ·                    |                                     |                  |                                      |            |  |
| G |  | List all dates you entered and I  |  | ~                    |                                     |                  |                                      |            |  |
|   |  | Note: If you're a resident of C check the box for Canada or   |  |                      |                                     | luent intervals, |                                      |            |  |
|   |  | Date entered United States mm/dd/yy   | Date departed United State mm/dd/yy  | es                   | Date entered United Sta<br>mm/dd/yy |                  | e departed United States<br>mm/dd/yy |            |  |
|   |  | 01/30/2022  |  |                      |                                     |                  |                                      |            |  |
|   |  |   |  |                      |                                     |                  |                                      |            |  |
|   |  |   |  |                      |                                     |                  |                                      |            |  |
|   |  |   |  |                      |                                     |                  |                                      |            |  |
| Н |  | Give number of days (including  |  |                      |                                     |                  |                                      |            |  |
|   |  | 20200   |  |                      |                                     |                  | _                                    | _          |  |
| I |  | Did you file a U.S. income tax i  |  |                      |                                     |                  | X Yes                                | ☐ No       |  |
|   |  | If "Yes," give the latest year an   | id form number you filed:  | 2021, 1040N          | R                                   |                  |                                      | -          |  |
| J |  | Are you filing a return for a trus  |  |                      |                                     |                  | ☐ Yes                                | ⊠ No       |  |
|   |  | If "Yes," did the trust have a U.S. person, or receive a contr  |  |                      |                                     |                  | ☐ Yes                                | ☐ No       |  |
| K |  | Did you receive total compens   | ation of \$250,000 or more   | during the tax yea   | ar?                                 |                  | ☐ Yes                                | X No       |  |
|   |  | If "Yes," did you use an alterna  | ative method to determine t  | the source of this   | compensation?                       |                  | ☐ Yes                                | ☐ No       |  |
| L |  |   | e Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, ete (1) through (3) below. See Pub. 901 for more information on tax treaties. |                      |                                     |                  |                                      |            |  |
|   | 1.                                       | Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. |  |                      |                                     |                  |                                      | t, and the |  |
|   |  | (a) Cour  | ntry   | (b) Tax treaty art   | icle (c) Number of mon              | ths (d) Am       | nount of ex                          | empt       |  |
|   |  |   |  |                      | claimed in prior tax y              | ears income      | in current to                        | ax year    |  |
|   |  |   |  |                      |                                     |                  |                                      |            |  |
|   |  |   |  |                      |                                     |                  |                                      |            |  |
|   |  |   |  |                      |                                     |                  |                                      |            |  |
|   |  |   |  |                      |                                     |                  |                                      |            |  |
|   |  |   |  |                      |                                     |                  |                                      |            |  |
|   |  | (-) = 1 1 = 1 · · · · ·   | E 4040 115 11 11 5   |                      | 1 1 " 1                             |                  |                                      |            |  |
|   | _  | (e) Total. Enter this amount or   |  | •                    |                                     | •                |                                      | V          |  |
|   |  | Were you subject to tax in a fo   |  |                      |                                     |                  | ∐ Yes                                | ⊠ No       |  |
|   | 3.                                       | Are you claiming treaty benefit   | ·  | •                    |                                     |                  | ☐ Yes                                | X No       |  |
|   |  | If "Yes," attach a copy of the C  | competent Authority detern   | nination letter to y | our return.                         |                  |                                      |            |  |
| M |  | Check the applicable box if:  |  |                      |                                     |                  |                                      |            |  |
|   |  | This is the first year you are may with a U.S. trade or business u  | ınder section 871(d). See ir   | structions           |                                     |                  |                                      | 🗆          |  |
|   | 2.                                       | You have made an election in States as effectively connected  |  |                      |                                     |                  |                                      |            |  |

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## **Statement for Exempt Individuals and Individuals** With a Medical Condition

For use by alien individuals only.

OMB No. 1545-0074

Attachment Sequence No. 102

Department of the Treasury Internal Revenue Service Your first name and initial

Go to www.irs.gov/Form8843 for the latest information.

For the year January 1—December 31, 2022, or other tax year beginning

Last name

, 2022, and ending

Your U.S. taxpayer identification number, if any

SANDEEP YADAV PALA SREERAMULU 877-77-6155 Fill in your Address in country of residence Address in the United States addresses only if NUMBER 28, SEEMA RESIDENCY, 51 E GREEN ST you are filing this 4TH MAIN, SANJAYNAGAR form by itself and **BENGALURU** CHAMPAIGN, IL 61820 not with your tax INDIA 560094 return Part I General Information Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States: F1 01/14/2021 Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions. Of what country or countries were you a citizen during the tax year? INDIA 2 What country or countries issued you a passport? INDIA Enter your passport number(s): R2091213 4a Enter the actual number of days you were present in the United States during: 2021 343 2020 0 Enter the number of days in 2022 you claim you can exclude for purposes of the substantial presence test: Part II **Teachers and Trainees** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2022: \_\_\_\_\_\_ For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2022: \_\_\_\_\_\_ Enter the type of U.S. visa (J or Q) you held during: 2016 a during: 2020 2019 2021 . If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired. Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior If you checked the "Yes" box on line 8, you cannot exclude days of presence as a teacher or trainee unless you meet the Exception explained in the instructions. Students Enter the name, address, and telephone number of the academic institution you attended during 2022: UNIVERSITY OF ILLINOIS URBANA CHAMPAIGN, 610 EAST JOHN STREET, CHAMPAIGN, IL, 61820, 2173331000 \_\_\_\_\_\_ Enter the name, address, and telephone number of the director of the academic or other specialized program you participated 10 in during 2022: CAITLIN KAPARAZ, 610 EAST JOHN STREET, CHAMPAIGN, IL, 61820, 2173331303 \_\_\_\_\_\_ \_\_\_\_\_\_ Enter the type of U.S. visa (F, J, M, or Q) you held during: 2016\_\_\_\_\_ 11 2017\_ 2019 2020 2021 F1 . If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired. Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar ☐ Yes X No If you checked the "Yes" box on line 12, you must provide sufficient facts on an attached statement to establish that you do not intend to reside permanently in the United States. During 2022, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status 13 in the United States or have an application pending to change your status to that of a lawful permanent If you checked the "Yes" box on line 13, explain: 14

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| Part            | IV P      | Professional Athletes   |                            |
|-----------------|-----------|---|----------------------------|
| 15              | compe     | the name of the charitable sports event(s) in the United States in which you competed during petition:  |                            |
| 16              | Enter t   | the name(s) and employer identification number(s) of the charitable organization(s) that benefics:  | efited from the sports     |
| Dort            | organiz   | : You must attach a statement to verify that all of the net proceeds of the sports event(s) were contribution(s) listed on line 16.  Individuals With a Medical Condition or Medical Problem  |                            |
| 17a             |           | ribe the medical condition or medical problem that prevented you from leaving the United States.  |                            |
|                 | See ins   | nstructions.  |                            |
| b               | Enter tl  | the date you intended to leave the United States prior to the onset of the medical condition or medical condition |                            |
| С               | Enter tl  | the date you actually left the United States:   |                            |
| 40              |           |   |                            |
| 18              | Physic    | ician's Statement:  |                            |
|                 | I certify | ify that  |                            |
|                 |           | Name of taxpayer  |                            |
|                 |           | unable to leave the United States on the date shown on line 17b because of the medical conditiribed on line 17a and there was no indication that his or her condition or problem was preexisting.   | on or medical problem      |
|                 |           | Name of physician or other medical official   |                            |
|                 |           |   |                            |
|                 |           | Physician's or other medical official's address and telephone number  |                            |
|                 |           | Dhysician's ay other medical official's signature   | Dete                       |
| Sign I          | horo      | Physician's or other medical official's signature  Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best  | of my knowledge and belief |
| only i          | f you     | they are true, correct, and complete.   | or my knowledge and belief |
| itself<br>not w | and ith   |   | 01.22.23                   |
| your t          |           | Your signature  | Date                       |
|                 |           | 1   |                            |