#### Department of the Treasury Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

| Taxpayer's name  | Social security number          |  |  |  |  |  |
|--|---------------------------------|--|--|--|--|--|
| NIHARIKA MOGILI 141-25-5713  |                                 |  |  |  |  |  |
| Spouse's name  | Spouse's social security number |  |  |  |  |  |
|  |                                 |  |  |  |  |  |
| Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter     | year you are 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   | <b>1</b> 41,198.                |  |  |  |  |  |
| <b>2</b> Total tax   | <b>2</b> 3,059.                 |  |  |  |  |  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099              | <b>. 3</b> 3,280.               |  |  |  |  |  |
| 4 Amount you want refunded to you  | <b>4</b> 221.                   |  |  |  |  |  |
| 5 Amount you owe   |                                 |  |  |  |  |  |

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. 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. 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 acknowledgement of receipt or reason for rejection of the transmission, (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 Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to 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 to debit the entry to this account. This 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 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in 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 (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

| 5          | 5     | 7 | 1 | 3 | as my |
|------------|-------|---|---|---|-------|
| Ent<br>don | 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.

Your signature N. Niharika

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

|                  |  | as my |
|------------------|--|-------|
| er fiv<br>n't en |  |       |

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 N   | ethod Returns Only—continue below                    |    |
| Part III Certification and Authentication – Pr                 | ctitioner PIN Method Only                            |    |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by y | ur five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 | 89 |

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 >   |  |                   |                          |  |  |  |
|---|--|-------------------|--------------------------|--|--|--|
| ERO Must Retain This Form — See Instructions<br>Don't Submit This Form to the IRS Unless Requested To Do So |  |                   |                          |  |  |  |
| For Dependence Reduction Act Nation and Vous tov re   |  | REV/ 02/07/24 RRO | Earm 8879 (Payr 01 2021) |  |  |  |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

| <b>1040</b>                      | _         | <b>VR</b> Department of the Treasury-Inter<br>U.S. Nonresident AI   |                              | k Return        | 2023                | OMB No.    | 1545-0074      | or sta     | Only—Do not write<br>ple in this space. |
|----------------------------------|-----------|---|------------------------------|-----------------|---------------------|------------|----------------|------------|---|
| For the year Jan                 | ı. 1–l    | Dec. 31, 2023, or other tax year beginr   | ning                         | , 2023, e       | ending              |            | , 20           |            | ee separate                             |
| Your first name                  |           |   | Last name                    |                 |                     |            |                |            | ing number                              |
|                                  |           |   |                              |                 |                     |            | (see in        | structio   | ns)                                     |
| NIHARIKA                         |           |   | MOGILI                       |                 |                     |            | 141            | -25-5      | 5713                                    |
| Home address (                   | num       | ber and street). If you have a P.O. bo>   | , see instructions.          |                 |                     |            |                |            | Apt. no.                                |
| 3551 WILS                        |           |   |                              |                 |                     |            |                |            | #5122                                   |
|                                  |           | ffice. If you have a foreign address, al  | so complete spaces b         | elow.           |                     | State      |                | ZIP co     |   |
| RICHARDSO                        |           |   |                              |                 |                     | TX         |                | 7508       | 32                                      |
| Foreign country name             |           |   | Foreign province/sta         | ate/county      |                     | Foreig     | n postal co    | ode        |   |
|                                  |           |   |                              |                 |                     |            |                |            |   |
| Filing<br>Status                 | Σ         | Single 🛛 Married filing sep   | arately (MFS)                | Qualifying      | g surviving spous   | e (QSS)    | E:             | state      | 🗌 Trust                                 |
|                                  | lf        | you checked the QSS box, enter the  | child's name if the qua      | alifying perso  | on is a child but n | ot your de | ependent:      |            |   |
| Check only<br>one box.           |           |   |                              |                 |                     |            |                |            |   |
| Digital Assets                   | At a      | ny time during 2023, did you: (a) rece  | ive (as a reward awar        | d or payme      | nt for property or  | services)  | · or (b) sell  | exchai     | nge or                                  |
| Digital Associa                  |           | erwise dispose of a digital asset (or a   |                              |                 |                     |            |                |            |   |
| Dependents                       |           |   |                              |                 |                     | (4)        | Check the bo   | ox if qual | ifies for (see inst.):                  |
| (see instructions):              |           | (1) Eirot name  | (2) Deper<br>identifying     |                 | (2) Polationahin ta |            | Child tax cree | dit 0      | Credit for other                        |
|                                  |           | (1) First name Last name  | ldentitying                  | number          | (3) Relationship to | you        |                |            | dependents                              |
| If more than four                |           |   |                              |                 |                     |            |                |            |   |
| dependents, see instructions and |           |   |                              |                 |                     |            |                |            |   |
| check here                       |           |   |                              |                 |                     |            |                |            |   |
| Income                           | 1a        | Total amount from Form(s) W-2, box  | x 1 (see instructions)       |                 |                     |            | . 1a           |            | 41,198.                                 |
| Effectively                      | b         | Household employee wages not rep  |                              |                 |                     |            |                | ,          |   |
| Connected                        | с         | Tip income not reported on line 1a (  |                              |                 |                     |            | . 10           | ;          |   |
| With U.S.                        | d         | Medicaid waiver payments not repo   | rted on Form(s) W-2 (s       | see instruction | ons)                |            | . 10           | 1          |   |
| Trade or                         | е         | Taxable dependent care benefits from  | om Form 2441, line 26        |                 |                     |            | . 16           | •          |   |
| Business                         | f         | Employer-provided adoption benefi   | ts from Form 8839, lin       | e29             |                     |            | . 11           | :          |   |
| Attach                           | g         | Wages from Form 8919, line 6  |                              |                 |                     |            | . <u>1</u> ç   | ı          |   |
| Form(s) W-2,                     | h         | Other earned income (see instructio   |                              |                 |                     |            | . 11           | 1          |   |
| 1042-S,                          | i         | Reserved for future use   |                              |                 |                     |            |                |            |   |
| SSA-1042-S,<br>RRB-1042-S,       | 1         | Reserved for future use   |                              |                 | 1 1                 |            | · · <b>1</b> j | _          |   |
| and 8288-A                       | k         | Total income exempt by a treaty from line 1(e)  | · ·                          | <i>,</i> .      |                     |            |                |            |   |
| here. Also<br>attach             | z         | Ine 1(e) .< |                              |                 |                     |            | . 12           | ,          | 41,198.                                 |
| Form(s)                          | -<br>2a   | Tax-exempt interest 2   |                              | 1               | able interest       |            |                |            |   |
| 1099-R if tax was                | 3a        | Qualified dividends 3   |                              | -               | nary dividends .    |            |                | _          |   |
| withheld.                        | 4a        | IRA distributions   | a                            | _               | able amount         |            |                | )          |   |
| If you did not                   | 5a        | Pensions and annuities 5  | a                            | <b>b</b> Taxa   | able amount         |            | . 5k           | )          |   |
| get a Form<br>W-2, see           | 6         | Reserved for future use   |                              |                 |                     |            | . 6            |            |   |
| instructions.                    | 7         | Capital gain or (loss). Attach Schedu   |                              | •               | •                   |            |                |            |   |
|                                  | 8         | Additional income from Schedule 1   |                              |                 |                     |            |                | -          |   |
|                                  | 9         | Add lines 1z, 2b, 3b, 4b, 5b, 7, and  |                              |                 |                     |            |                |            | 41,198.                                 |
|                                  | 10        |   |                              |                 |                     |            | . 10           | )          |   |
|                                  | 11        | Subtract line 10 from line 9. This is   | your <b>adjusted gross i</b> | ncome .         |                     |            | . 11           |            | 41,198.                                 |
|                                  | 12        | Itemized deductions (from Schedu deduction (see instructions)   |                              |                 |                     |            |                | 2          | 13,850.                                 |
|                                  | 13a       | Qualified business income deduction   | n from Form 8995 or I        | Form 8995-A     | A. <b>13a</b>       |            |                |            |   |
|                                  | b         | Exemptions for estates and trusts o   | nly (see instructions)       |                 | . 13b               |            |                |            |   |
|                                  | С         | Add lines 13a and 13b   |                              |                 |                     |            |                |            |   |
|                                  | 14        |   | · · · · · ·                  |                 |                     |            |                |            | 13,850.                                 |
|                                  | 15<br>D.: | Subtract line 14 from line 11. If zero  |                              |                 |                     |            | . 15           | <u> </u>   | 27,348.                                 |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

| Form 1040-NR (2                      | 2023)         |   |                  |                |                         |            | Page <b>2</b>             |
|--------------------------------------|---------------|---|------------------|----------------|-------------------------|------------|---------------------------|
| Tax and                              | 16            | Tax (see instructions). Check if any from Form(s): 1 28814 2  | 4972             | 3              |                         | 16         | 3,059.                    |
| Credits                              | 17            | Amount from Schedule 2 (Form 1040), line 3  |                  |                |                         | 17         | 0.                        |
|                                      | 18            | Add lines 16 and 17   |                  |                |                         | 18         | 3,059.                    |
|                                      | 19            | Child tax credit or credit for other dependents from Schedule 8812 (For   | rm 1040)         |                |                         | 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  | <sub>.</sub> .   |                |                         | 22         | 3,059.                    |
|                                      | 23a           | Tax on income not effectively connected with a U.S. trade or business furshedule NEC (Form 1040-NR), line 15  |                  | a              |                         |            |                           |
|                                      | b             | Other taxes, including self-employment tax, from Schedule 2 (Form 10 line 21  | 940),            | h              |                         |            |                           |
|                                      | с             | Transportation tax (see instructions)   |                  |                |                         |            |                           |
|                                      | d             | Add lines 23a through 23c   |                  |                |                         | 23d        |                           |
|                                      | 24            | Add lines 22 and 23d. This is your total tax  |                  |                |                         | 24         | 3,059.                    |
| Dovmonto                             | 25            | Federal income tax withheld from:   | <u> </u>         | · · · ·        |                         | 27         |                           |
| Payments                             |               | Form(s) W-2   | . 25             |                | 3,280.                  |            |                           |
|                                      | a<br>b        | Form(s) 1099  |                  |                | 5,200.                  | -          |                           |
|                                      |               | Other forms (see instructions)  |                  |                |                         | -          |                           |
|                                      | C<br>d        |   |                  |                |                         | 054        | 2 200                     |
|                                      | d             | Add lines 25a through 25c   |                  |                |                         | 25d        | 3,280.                    |
|                                      | e<br>r        | Form(s) 8805  |                  |                |                         | 25e<br>25f |                           |
|                                      | f             | Form(s) 8288-A  |                  |                |                         |            |                           |
|                                      | g             | Form(s) 1042-S  |                  |                |                         | 25g        |                           |
|                                      | 26            | 2023 estimated tax payments and amount applied from 2022 return .   |                  |                |                         | 26         |                           |
|                                      | 27            | Reserved for future use   |                  |                |                         | -          |                           |
|                                      | 28            | Additional child tax credit from Schedule 8812 (Form 1040)  |                  |                |                         | -          |                           |
|                                      | 29            | Credit for amount paid with Form 1040-C   |                  |                |                         |            |                           |
|                                      | 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 and ref   |                  |                |                         | 32         | 2.000                     |
|                                      | 33            | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payment  |                  |                |                         | 33         | 3,280.                    |
| Refund                               | 34            | If line 33 is more than line 24, subtract line 24 from line 33. This is the a   | -                | -              |                         | 34         | 221.                      |
| <b>D</b>                             | 35a           | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached,   |                  |                |                         | 35a        | 221.                      |
| Direct deposit?<br>See instructions. | b             |   | 🔀 Che            |                | Savings                 |            |                           |
|                                      | d             | Account number 7 8 9 9 7 6 8 2 3  |                  |                |                         |            |                           |
|                                      | е             | If you want your refund check mailed to an address outside the United enter it here.  |                  |                |                         |            |                           |
|                                      | 36            | Amount of line 34 you want applied to your 2024 estimated tax .   | . 36             | ;              |                         |            |                           |
| Amount                               | 37            | Subtract line 33 from line 24. This is the <b>amount you owe</b> .  |                  |                |                         |            |                           |
| You Owe                              |               | For details on how to pay, go to www.irs.gov/Payments or see instruction  | ons              |                |                         | 37         |                           |
|                                      | 38            | Estimated tax penalty (see instructions)  | . 38             | <u> </u>       |                         |            |                           |
| Third                                | Do yo         | ou want to allow another person to discuss this return with the IRS? See i  | instructior      | ns. 🗌 Ye       | es. Comp                | lete bel   | low. 🛛 No                 |
| Party<br>Designee                    | Desig<br>name |   |                  |                | nal identit<br>er (PIN) | fication   |                           |
|                                      |               | penalties of perjury, I declare that I have examined this return and accompanying s they are true, correct, and complete. Declaration of preparer (other than taxpayer) i |                  |                |                         |            |                           |
| Sign                                 | Your          | signature Date Your occup   | oation           |                | If th                   | e IRS s    | ent you an Identity       |
| Here                                 |               |   | _                |                |                         |            | PIN, enter it here        |
| -                                    |               | STUDENT   | [                |                | (see                    | e inst.)   |                           |
|                                      | Phon          |   | 1 -              |                | <b>DTU</b>              |            |                           |
| Paid                                 | •             | arer's name Preparer's signature  | Da               | te             | PTIN                    |            | Check if:                 |
| Preparer                             | VENKA         | ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPA  | ALLI             |                | P0247                   |            | Self-employed             |
| Use Only                             |               | s name GLOBAL TAXES LLC   |                  |                | Phone r                 |            | 78)965-9522               |
|                                      |               | s address 245 ROONEY CT E BRUNSWICK NJ 08816  |                  |                | Firm's E                |            | 8-2145487                 |
| Go to www.irs.g                      | gov/Fo        | rm1040NR for instructions and the latest information.   | BAA <sup>R</sup> | EV 03/07/24 PR | D                       | F          | orm <b>1040-NR</b> (2023) |

| SCHEDULE NEC   |
|----------------|
| (Form 1040-NR) |

Department of the Treasury

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

OMB No. 1545-0074

Attach to Form 1040-NR.

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

Internal Revenue Service Name shown on Form 1040-NR 2023 Attachment Sequence No. 7B

Your identifying number

141-25-5713

NIHARIKA MOGILI

Enter **amount of income** under the appropriate rate of tax. See instructions.

|                      |   | Nature of Income   |                             |      | (a) 10%                            | <b>(b)</b> 15%      | (c) 30%                    |  | (specify)  |
|----------------------|---|--|-----------------------------|------|------------------------------------|---------------------|----------------------------|--|--|
|                      |   |  |                             |      | (a) 10%                            | (b) 15%             | (c) 30%                    | %  | %  |
| 1                    | Dividends and divide  | nd equivalents:  |                             |      |                                    |                     |                            |  |  |
| а                    | Dividends paid by U.  | S. corporations  |                             | 1a   |                                    |                     |                            |  |  |
| b                    | Dividends paid by for   | reign corporations   |                             | 1b   |                                    |                     |                            |  |  |
| С                    | Dividend equivalent p   | ayments received with respect to section 871(m) tra  | ransactions                 | 1c   |                                    |                     |                            |  |  |
| 2                    | Interest:   |  |                             |      |                                    |                     |                            |  |  |
| а                    | Mortgage  |  |                             | 2a   |                                    |                     |                            |  |  |
| b                    |   | prations   |                             | 2b   |                                    |                     |                            |  |  |
| с                    |   |  |                             | 2c   |                                    |                     |                            |  |  |
| 3                    | Industrial royalties (pa  | atents, trademarks, etc.)  | [                           | 3    |                                    |                     |                            |  |  |
| 4                    | Motion picture or TV  | copyright royalties  | [                           | 4    |                                    |                     |                            |  |  |
| 5                    | Other royalties (copy   | rights, recording, publishing, etc.)   | [                           | 5    |                                    |                     |                            |  |  |
| 6                    |   | and natural resources royalties  |                             | 6    |                                    |                     |                            |  |  |
| 7                    | Pensions and annuiti  | es   | [                           | 7    |                                    |                     |                            |  |  |
| 8                    | Social security benef   | its  | [                           | 8    |                                    |                     |                            |  |  |
| 9                    | Capital gain from line  | 918 below  | [                           | 9    |                                    |                     |                            |  |  |
| 10                   |   | s of Canada only. Enter net income in column (c).  |                             |      |                                    |                     |                            |  |  |
| а                    | Winnings  |  |                             |      |                                    |                     |                            |  |  |
| b                    | Losses  |  |                             | 10c  |                                    |                     |                            |  |  |
| 11                   | Note: Enter winnings  | s of countries other than Canada.  |                             | 11   |                                    |                     |                            |  |  |
| 12                   | Other (specify):  |  |                             |      |                                    |                     |                            |  |  |
|                      |   |  |                             | 12   |                                    |                     |                            |  |  |
| 13                   | Add lines 1a through  | 12 in columns (a) through (d)  | [                           | 13   |                                    |                     |                            |  |  |
| 14                   | Multiply line 13 by ra  | ate of tax at top of each column   | [                           | 14   |                                    |                     |                            |  |  |
| 15                   | Tax on income not ef  | fectively connected with a U.S. trade or business  |                             |      |                                    |                     |                            | -NR, line 23a <b>15</b>  |  |
|                      |   | Capital Gains and  | l Losses Fi                 | rom  | Sales or Excha                     | nges of Proper      | ty                         |  |  |
| losses fr<br>exchang | ly the capital gains and<br>om property sales or<br>les that are from sources<br>le United States and not | <b>16</b> (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below) | (b) Date acqui<br>mm/dd/yyy |      | <b>(c)</b> Date sold<br>mm/dd/yyyy | (d) Sales price     | (e) Cost or<br>other basis | (f) LOSS<br>If (e) is more than (d),<br>subtract (d) from (e). | (g) GAIN<br>If (d) is more than (e),<br>subtract (e) from (d). |
|                      | ely connected with a U.S.<br>s. Do not include a gain   |  |                             |      |                                    |                     |                            |  |  |
| or loss o            | on disposing of a U.S. real   |  |                             |      |                                    |                     |                            |  |  |
| gains an             | r interest; report these<br>Id losses on Schedule D   |  |                             |      |                                    |                     |                            |  |  |
| (Form 10             | •   |  |                             |      |                                    |                     |                            |  |  |
|                      | property sales or<br>les that are effectively   |  |                             |      |                                    |                     |                            |  |  |
| connecte             | ed with a U.S. business dule D (Form 1040),   |  |                             |      |                                    |                     |                            |  |  |
|                      | 797, or both.   | 18 Capital gain. Combine columns (f) and (g  | g) of line 17.              | Ente | r the net gain here                | e and on line 9 abo | ove. If a loss, ente       | r-0 <b>18</b>  |  |

### SCHEDULE OI (Form 1040-NR)

Department of the Treasury

## **Other Information**

Attach to Form 1040-NR.

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

OMB No. 1545-0074 2 Attachment

| Answer an questions | Answer | all | questions |
|---------------------|--------|-----|-----------|
|---------------------|--------|-----|-----------|

| Internal I | Revenue Service                  | Ans                                 | wer all questions.        |                         |                 | Sequence N    | o. <b>/C</b> |
|------------|----------------------------------|-------------------------------------|---------------------------|-------------------------|-----------------|---------------|--------------|
| Name sh    | nown on Form 1040-NR             |                                     |                           |                         | Your identifyin | g number      |              |
| NIHA       | ARIKA MOGILI                     |                                     |                           |                         | 141-25-5        | 5713          |              |
| Α          | Of what country or countries     | were you a citizen or nation        | al during the tax year?   | TNDTA                   |                 |               |              |
| В          | In what country did you clair    |                                     |                           |                         |                 |               |              |
| c          | Have you ever applied to be      | a green card holder (lawful r       | ermanent resident) of     | the United States?      |                 |               | XNo          |
| D          | Were you ever:                   | a green card holder (lawidi p       |                           | the officer offices:    |                 |               |              |
| _          | •                                |                                     |                           |                         |                 | Yes           | 🗙 No         |
|            |                                  |                                     |                           |                         |                 |               |              |
| 2.         | A green card holder (lawful p    |                                     |                           |                         |                 |               |              |
| _          | If you answer "Yes" to (1) or    |                                     |                           |                         |                 |               |              |
| Е          | If you had a visa on the last    | day of the tax year, enter          | our visa type. It you     | didn't nave a visa, en  | ter your U.S.   |               |              |
|            | immigration status on the last   |                                     |                           |                         |                 | _             |              |
| F          | Have you ever changed your       | visa type (nonimmigrant sta         | tus) or U.S. immigratio   | n status?               |                 | Ves           | 🛛 No         |
|            | If you answered "Yes," indica    | ate the date and nature of the      | e change:                 |                         |                 |               |              |
| G          | List all dates you entered and   |                                     | •                         |                         |                 |               |              |
|            | Note: If you're a resident of    |                                     |                           |                         | ent intervals,  |               |              |
|            | check the box for Canada o       | <b>Pr Mexico</b> and skip to item I | <u>+ .</u> <u></u>        | 🗌 Canada                |                 |               |              |
|            | Date entered United States       | Date departed United Stat           | es Da                     | te entered United State | s Date dep      | parted Unite  | d States     |
|            | mm/dd/yy                         | mm/dd/yy                            |                           | mm/dd/yy                |                 | mm/dd/yy      |              |
|            |                                  |                                     |                           |                         |                 |               |              |
|            |                                  |                                     |                           |                         |                 |               |              |
|            |                                  |                                     |                           |                         |                 |               |              |
|            |                                  |                                     |                           |                         |                 |               |              |
| н          | Give number of days (including   |                                     |                           |                         | -               |               |              |
|            | 2021                             | , 2022                              | , and 202                 | 23 365                  | ·•              | _             | _            |
| I          | Did you file a U.S. income tax   |                                     |                           |                         |                 |               | 🗌 No         |
|            | If "Yes," give the latest year a | and form number you filed:          | 104                       | ONR                     |                 | _             | _            |
| J          | Are you filing a return for a tr |                                     |                           |                         |                 |               | 🗙 No         |
|            | If "Yes," did the trust have a   |                                     |                           |                         |                 |               | _            |
|            | U.S. person, or receive a con    | tribution from a U.S. person        | ?                         |                         |                 | Yes           | NoNo         |
| Κ          | Did you receive total comper     |                                     | • •                       |                         |                 |               | 🛛 No         |
|            | If "Yes," did you use an alter   |                                     |                           |                         |                 |               | No No        |
| L          | Income Exempt From Tax-          |                                     |                           |                         | tax treaty wit  | h a foreign   | i country,   |
|            | complete (1) through (3) belo    |                                     |                           |                         |                 |               |              |
| 1.         | Enter the name of the country    |                                     |                           |                         | claimed the t   | reaty benefi  | t, and the   |
|            | amount of exempt income in       | the columns below. Attach Fo        | orm 8833 if required. So  | ee instructions.        |                 |               |              |
|            | <b>(a)</b> Co                    | untry                               | (b) Tax treaty article    | (c) Number of month     |                 | nount of exe  |              |
|            |                                  |                                     |                           | claimed in prior tax ye | ars income      | in current ta | ax year      |
|            |                                  |                                     |                           |                         |                 |               |              |
|            |                                  |                                     |                           |                         |                 |               |              |
|            |                                  |                                     |                           |                         |                 |               |              |
|            |                                  |                                     |                           |                         |                 |               |              |
|            |                                  |                                     |                           |                         |                 |               |              |
|            |                                  |                                     |                           |                         |                 |               |              |
| -          | (e) Total. Enter this amount     |                                     | -                         |                         |                 |               | <b></b>      |
|            | Were you subject to tax in a     |                                     |                           |                         |                 | ∐ Yes         | ∐ No         |
| 3.         | Are you claiming treaty benef    |                                     |                           |                         |                 | ∐ Yes         | 🗙 No         |
|            | If "Yes," attach a copy of the   | Competent Authority deterr          | nination letter to your i | return.                 |                 |               |              |
| M          | Check the applicable box if:     |                                     | f                         |                         | -1 01-1         | <i>(</i> ())  |              |
| 1.         | This is the first year you are r |                                     |                           |                         |                 |               |              |
|            | with a U.S. trade or business    |                                     |                           |                         |                 |               | · · 🗆        |

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . . . . . . . . . . . . .

BAA

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.