## 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

| Submission Identification Number (SID)   |  | •  |   |   |  |  |  |
|--|--|--|---|---|--|--|--|
| Taxpayer's name  | Social securi  | Social security number   |   |   |  |  |  |
| SANDEEP MERUGU   | 843-61   | 843-61-8710  |   |   |  |  |  |
| Spouse's name  | Spouse's soo   | pouse's social security number                                       |   |   |  |  |  |
| Part I Tax Return Information — Tax Year Ending December 31, 2023  | Enter year you a   | re auth  | norizing.)  |   |  |  |  |
| Enter whole dollars only on lines 1 through 5.   | , ,  |  | 0 /   |   |  |  |  |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.   |  |  |   |   |  |  |  |
| 1 Adjusted gross income  |  | 1  | 9,  | 286.  |  |  |  |
| 2 Total tax  |  | 2  |   | 0.  |  |  |  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |  | 3  |   | 421.  |  |  |  |
| 4 Amount you want refunded to you  |  | 4  |   | 421.  |  |  |  |
| 5 Amount you owe   |  | 5  |   | 1   |  |  |  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you ge<br>Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or a  |  |  |   |   |  |  |  |
| return (original or amended) I am now authorizing. I consent to allow my intermediate service provider to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accompayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancella business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or amer Electronic Funds Withdrawal Consent. | on for rejection of the taize the U.S. Treasury ascount indicated in the tail institution to debit the terminate the authorition requests must be ded in the processing of to the payment. I fur | ansmiss and its de ax prepa entry to ation. To receive the elecenter | ion, <b>(b)</b> the esignated Furation soft this account revoke (ced no later ctronic paynowledge | e reason<br>Financial<br>ware for<br>unt. This<br>ancel) a<br>than 2<br>ment of<br>that the |  |  |  |
| Taxpayer's PIN: check one box only   |  |  |   |   |  |  |  |
|  | enerate my PIN $\frac{1}{2}$   | 8 7  | 1 0   | as my   |  |  |  |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing.   | ř En   | ter five di<br>n't enter   | igits, but<br>all zeros   | as my   |  |  |  |
| I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner P below.   |  |  |   |   |  |  |  |
| Your signature ▶D  | ate▶   |  |   |   |  |  |  |
| Spouse's PIN: check one box only   |  |  |   |   |  |  |  |
|  | enerate my PIN   |  |   | as my   |  |  |  |
| ERO firm name  |  | Enter five digits, but   |   |   |  |  |  |
| signature on the income tax return (original or amended) I am now authorizing.   |  | n't enter  |   |   |  |  |  |
| I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner P below.   |  |  |   |   |  |  |  |
| <u>-  </u>   | ate ►  |  |   |   |  |  |  |
| 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  |  | 8 2 7   | 1   |  |  |  |
|  | Don't ent  | er all zer   | os  |   |  |  |  |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual is authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provi  | am submitting this reti  | ırn in ac  | cordance  |   |  |  |  |
| ERO's signature ▶ D  | ate ►  |  |   |   |  |  |  |
| ERO Must Retain This Form — See Instruct Don't Submit This Form to the IRS Unless Requeste   |  |  |   |   |  |  |  |

# 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–C  | ec. 31, 2023, or other tax year begi  | nning       | , 2023,                            | ending                 |          | 20  |             | See separate instructions.                                 |  |  |
|--|--|---|-------------|------------------------------------|------------------------|----------|---|-------------|--|--|--|
|  |  |   |             |                                    |                        |          | Your identifying number see instructions) |             |  |  |  |
| SANDEEP  | EEP MERUGU   |   |             |                                    |                        |          | 843                                       | 843-61-8710 |  |  |  |
| Home address (number and street). If you have a P.O. box, see instructions.            |  |   |             |                                    |                        |          |   | Apt. no.    |  |  |  |
| 9840 N MA  | .CAR   | THUR BLVD   |             |                                    |                        |          |   |             | 1908   |  |  |
| City, town, or post office. If you have a foreign address, also complete spaces below. |  |   |             |                                    |                        |          |   | ZIP code    |  |  |  |
| IRVING TX  |  |   |             |                                    |                        |          | 750                                       | )63         |  |  |  |
| Foreign country  | nam  | e   | Foreig      | n province/state/county            |                        | Foreign  | postal o                                  | ode         |  |  |  |
| Filing<br>Status   |  | Single  |             |                                    | ng surviving spouse    | ` '      |   | state       | ☐ Trust  |  |  |
| Check only one box.  |  | you checked the QSS box, enter th   | e chila's n | ame if the qualifying pers         | son is a child but not | your dep |   |             |  |  |  |
| Digital Assets   |  | ny time during 2023, did you: (a) re<br>erwise dispose of a digital asset (or |             |                                    |                        |          | or (b) se<br>                             |             |  |  |  |
| Dependents (see instructions):   |  | (1) First name Last nar   | ne          | (2) Dependent's identifying number | (3) Relationship to yo | Ch       | leck the l                                | 1           | alifies for (see inst.):<br>Credit for other<br>dependents |  |  |
| If more than farm  |  |   |             |                                    |                        |          |   |             |  |  |  |
| If more than four dependents, see  |  |   |             |                                    |                        |          |   |             |  |  |  |
| instructions and   |  |   |             |                                    |                        |          | Ц_  |             | Ц  |  |  |
| check here   |  |   |             |                                    |                        |          | Щ   |             |  |  |  |
| Income   | 1a   | Total amount from Form(s) W-2, b  | •           | ,                                  |                        |          |   | а           | 9,286.   |  |  |
| Effectively  | b  | Household employee wages not r  | •           | . ,                                |                        |          |   | b           |  |  |  |
| Connected  | c  | Tip income not reported on line 1   | •           | •                                  |                        |          |   | c<br>d      |  |  |  |
| With U.S.  | d<br>e   | Medicaid waiver payments not re<br>Taxable dependent care benefits            |             | , ,                                | •                      |          |   | e e         |  |  |  |
| Trade or Business  | f  | •   |             | •                                  |                        |          |   | lf          |  |  |  |
| Dusilless  | f Employer-provided adoption benefits from Form 8839, line 29  |   |             |                                    |                        |          |   |             |  |  |  |
| Attach   | h  | Other earned income (see instruction  |             | g<br>h                             |                        |          |   |             |  |  |  |
| Form(s) W-2,<br>1042-S,  | i  | Reserved for future use   |             |                                    |                        |          |   |             |  |  |  |
| SSA-1042-S,  | j  | Reserved for future use   |             | ij                                 |                        |          |   |             |  |  |  |
| RRB-1042-S,<br>and 8288-A<br>here. Also  | k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)                   |   |             |                                    |                        |          |   |             |  |  |  |
| attach   | z  | z Add lines 1a through 1h   |             |                                    |                        |          |   |             | 9,286.   |  |  |
| Form(s)<br>1099-R if   | 2a   | a Tax-exempt interest 2a b Taxable interest                                   |             |                                    |                        |          |   |             |  |  |  |
| tax was  | 3a   | Qualified dividends   | . 3         | b                                  |                        |          |   |             |  |  |  |
| withheld.  | 4a   | IRA distributions   |             | b                                  |                        |          |   |             |  |  |  |
| If you did not get a Form  | 5a   | Pensions and annuities  |             | b                                  |                        |          |   |             |  |  |  |
| W-2, see   | 6  | Reserved for future use   |             | 6<br>-                             |                        |          |   |             |  |  |  |
| instructions.  | 7  | Capital gain or (loss). Attach Sche<br>Additional income from Schedule        |             | 7<br>3                             |                        |          |   |             |  |  |  |
|  | 8<br>9   |   |             | 9                                  | 9,286.                 |          |   |             |  |  |  |
|  | •  |   |             |                                    |                        |          |   |             | <u> </u>   |  |  |
|  | Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income |   |             |                                    |                        |          |   |             | 0.000  |  |  |
|  | 11   | Subtract line 10 from line 9. This i  |             | 1                                  | 9,286.                 |          |   |             |  |  |  |
|  | 12   | <b>Itemized deductions</b> (from Schededuction (see instructions)             |             |                                    | Std Dedn US/1          |          |   | 2           | 13,850.  |  |  |
|  | 13a  | Qualified business income deduc-  | ion from F  | orm 8995 or Form 8995-             |                        |          |   |             |  |  |  |
|  | b  | Exemptions for estates and trusts   | • •         | · ·                                | <u> </u>               |          |   |             |  |  |  |
|  | C  | Add lines 13a and 13b   |             |                                    |                        |          | <del></del>                               | 3c          |  |  |  |
|  | 14<br>15   | Add lines 12 and 13c Subtract line 14 from line 11. If ze                     |             |                                    |                        |          |   | 5           | 13,850.  |  |  |
|  | 10   | - SUDITACI IIDE 14 TROM IIDE 11. IT 76  | ro or iess  | emer-u This is voir ta:            | xable income           |          | . 17                                      | <b>3</b> )  | U .  |  |  |

| Form 1040-NR (    | 2023)   |  |             |                      |                |          |         |               |              |          |         | Page <b>2</b> |
|-------------------|---|--|-------------|----------------------|----------------|----------|---------|---------------|--------------|----------|---------|---------------|
| Tax and           | 16  | Tax (see instructions). Check if any   | from For    | rm(s): <b>1</b> 88   | 314 <b>2</b> [ | 4972     | 2 ;     | 3 🗌 _         |              | 16       |         | 0.            |
| Credits           | 17  | Amount from Schedule 2 (Form 1   | 040), line  | 3                    |                |          |         |               |              | 17       |         | 0.            |
|                   | 18  | Add lines 16 and 17  |             |                      |                |          |         |               |              | 18       |         | 0.            |
|                   | 19  | Child tax credit or credit for other   | depende     | ents from Sched      | ule 8812 (Fo   | orm 104  | 40) .   |               |              | 19       |         |               |
|                   | 20  | Amount from Schedule 3 (Form 1   | 040), line  | 8                    |                |          |         |               |              | 20       |         |               |
|                   | 21  | Add lines 19 and 20  |             |                      |                |          |         |               |              | 21       |         |               |
|                   | 22  | Subtract line 21 from line 18. If ze   | ero or less | s, enter -0          |                |          |         |               |              | 22       |         | 0.            |
|                   | 23a   | Tax on income not effectively con<br>Schedule NEC (Form 1040-NR), li                 |             | rith a U.S. trade o  |                | - 1      | 23a     |               |              |          |         |               |
|                   | b   | Other taxes, including self-emplo line 21  | yment ta    | x, from Schedule     | e 2 (Form 1    | 040),    | 23b     |               |              |          |         |               |
|                   | С   | Transportation tax (see instruction  |             |                      |                | 1        | 23c     |               |              |          |         |               |
|                   | d   | Add lines 23a through 23c  | •           |                      |                |          |         |               |              | 23d      |         |               |
|                   | 24  | Add lines 22 and 23d. This is you  |             |                      |                |          |         |               |              | 24       |         | 0.            |
| Payments          | 25  | Federal income tax withheld from   |             |                      |                |          |         |               |              |          |         |               |
| . ayoo            | а   | Form(s) W-2  |             |                      |                |          | 25a     |               | 421          |          |         |               |
|                   | b   | Form(s) 1099   |             |                      |                | t        | 25b     |               |              |          |         |               |
|                   | С   | Other forms (see instructions) .   |             |                      |                |          | 25c     |               |              |          |         |               |
|                   | d   | Add lines 25a through 25c  |             |                      |                |          |         |               |              | 25d      |         | 421.          |
|                   | e   | 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  |             |                      |                | 1        | 27      |               |              |          |         |               |
|                   | 28  | Additional child tax credit from So  |             |                      |                | 1        | 28      |               |              |          |         |               |
|                   | 29  | Credit for amount paid with Form   |             |                      |                | ı        | 29      |               |              |          |         |               |
|                   | 30  | Reserved for future use  |             |                      |                | - t      | 30      |               |              |          |         |               |
|                   | 31  | Amount from Schedule 3 (Form 1   |             |                      |                | 1        | 31      |               |              |          |         |               |
|                   | 32  | Add lines 28, 29, and 31. These a  | ,.          |                      |                |          |         | edits         |              | 32       |         |               |
|                   | 33  | Add lines 25d, 25e, 25f, 25g, 26,  | -           |                      |                |          |         |               |              | 33       |         | 421.          |
| Refund            | 34  | If line 33 is more than line 24, sub   |             |                      |                |          |         |               |              | 34       |         | 421.          |
| neiuna            | 35a   | Amount of line 34 you want <b>refun</b>  |             |                      |                |          | -       | -             |              | 35a      |         | 421.          |
| Direct deposit?   | b   | Routing number 1 1 1 0   |             |                      | <b>c</b> Type: |          | Check   | _             | <u> </u>     |          |         | 121.          |
| See instructions. | d   | Account number 4 8 8 1   |             | <del></del>          |                |          |         | \g            | Joanngo      |          |         |               |
|                   | e   | If you want your refund check ma   |             |                      |                | d State  | e not   | ii<br>shown o | n nage 1     |          |         |               |
|                   | ·   | enter it here.   | anou to ui  | i addi coo catole    | io trio Oriito | a Olalo  | ,5 1100 | SHOWITO       | ii page i    |          |         |               |
|                   | 36  | Amount of line 34 you want <b>appli</b>  |             |                      |                |          | 36      |               |              |          |         |               |
| Amount            | 37  | Subtract line 33 from line 24. This  |             |                      |                | •        | -00     |               |              |          |         |               |
| You Owe           | ٠.  | For details on how to pay, go to v   |             | •                    |                | tions .  |         |               |              | 37       |         |               |
| rou owe           | 38  | Estimated tax penalty (see instruc   | _           |                      |                | .        | 38      |               |              | 0,       |         |               |
| Third             |   | ou want to allow another person to   | •           |                      |                | instruc  |         |               | es. Com      | nlete be | low     | ⊠ No          |
| Party             |   |  |             |                      |                |          |         | •             |              |          |         |               |
| Designee          | Designee's Phone Personal identifiname no. number (PIN) |  |             |                      |                | incation |         |               |              |          |         |               |
|                   | Under   | penalties of perjury, I declare that I have they are true, correct, and complete. De |             | d this return and ac |                |          |         | d statemen    | ts, and to   |          |         |               |
| Sign              |   | signature  |             | Date                 | Your occu      |          |         |               |              |          |         | u an Identity |
| Here              | Tour signature Date Tour occupation                     |  |             |                      |                | I        |         | •             | nter it here |          |         |               |
| 11010             |   |  |             |                      | SOFTWA         | RE E     | NGI     | IEER          |              | e inst.) | •       |               |
|                   | Phon  | e no.  |             | Email address        |                |          |         |               |              |          |         |               |
| Paid              | Prepa   | arer's name  | Preparer    | 's signature         |                |          | Date    |               | PTIN         |          | Chec    | k if:         |
|                   | SYAN  | M PRIYA RAM SAGAR GUPTA  | SYAM I      | PRIYA RAM S          | SAGAR GU       | JPTA     | 03/3    | 31/2024       | P0208        | 32703    |         | elf-employed  |
| Preparer          |   | s name GLOBAL TAXES L  |             |                      |                |          |         |               | Phone        |          |         | 65-9522       |
| Use Only          |   | s address 245 DOONEY C   |             | TINICMT OV N         | T 00016        |          |         |               | Firm's       |          | <i></i> |               |

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

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

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Report property sales or exchanges that are effectively connected with a U.S. business

Form 4797, or both.

on Schedule D (Form 1040).

Name shown on Form 1040-NR

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Your identifying number

SANDEEP MERUGU 843-61-8710 Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) **Nature of Income** (a) 10% **(b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c 3 4 Motion picture or TV copyright royalties . . . . . . . . . . . . . . 5 Real property income and natural resources royalties 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings \_\_\_\_\_ 10c Losses Gambling-Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) . . . . . . . . . . . . 13 14 14 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a 15 Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and (f) LOSS 16 (a) Kind of property and description (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). within the United States and not effectively connected with a U.S. business. 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 1040).

18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -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 Attachment Sequence No. **7C** 

Department of the Treasury Internal Revenue Service

|     | snown on Form 1040-NR  |   |   | Your identifying num |                   |  |  |  |  |
|-----|--|---|---|----------------------|-------------------|--|--|--|--|
| SAI | DEEP MERUGU  |   |   | 843-61-8710          |                   |  |  |  |  |
| 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 purpos   | es during the tax year?   | United States                           |                      | Yes ⊠ No          |  |  |  |  |
| С   | Have you ever applied to be a green card holder (lawful  | Have you ever applied to be a green card holder (lawful permanent resident) of the United States? |   |                      |                   |  |  |  |  |
| D   | Were you ever:   |   |   |                      |                   |  |  |  |  |
| 1   | A U.S. citizen?  | $\square$   | Yes 🗵 No                                |                      |                   |  |  |  |  |
| 2   | A green card holder (lawful permanent resident) of the L   |   | Yes 🗵 No                                |                      |                   |  |  |  |  |
|     | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.                                      |   |   |                      |                   |  |  |  |  |
| Е   | If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S.                        |   |   |                      |                   |  |  |  |  |
| _   | immigration status on the last day of the tax year, $F_1$  |   |   | -                    |                   |  |  |  |  |
| F   | Have you ever changed your visa type (nonimmigrant st  |   |   |                      | Yes 🛛 No          |  |  |  |  |
|     | If you answered "Yes," indicate the date and nature of t   |   |   |                      | ies 🖂 ivo         |  |  |  |  |
| _   | List all dates you entered and left the United States duri   |   |   |                      |                   |  |  |  |  |
| G   | Note: If you're a resident of Canada or Mexico AND co  | -   |   | ant intervals        |                   |  |  |  |  |
|     | check the box for Canada or Mexico and skip to item  |   |   | Mexico               |                   |  |  |  |  |
|     |  |   | <del></del>                             |                      |                   |  |  |  |  |
|     | Date entered United States Date departed United Sta  | ates Da   | ate entered United States               |                      | United States     |  |  |  |  |
|     | mm/dd/yy mm/dd/yy  |   | mm/dd/yy                                | mm/c                 | аа/уу             |  |  |  |  |
|     |  |   |   |                      |                   |  |  |  |  |
|     |  |   |   |                      |                   |  |  |  |  |
|     |  |   |   |                      |                   |  |  |  |  |
|     |  |   |   |                      |                   |  |  |  |  |
| Н   | Give number of days (including vacation, nonworkdays, ar   | nd partial days) you were   | e present in the United S               | States during:       |                   |  |  |  |  |
|     | 2021, 2022   | , and 20  | 23 365                                  | ·                    |                   |  |  |  |  |
| 1   | Did you file a U.S. income tax return for any prior year?  |   |   | $\square$            | Yes 🗵 No          |  |  |  |  |
|     | If "Yes," give the latest year and form number you filed:  |   |   |                      |                   |  |  |  |  |
| J   | Are you filing a return for a trust?   |   |   |                      | Yes 🗵 No          |  |  |  |  |
|     | If "Yes," did the trust have a U.S. or foreign owner und   |   |   |                      |                   |  |  |  |  |
|     | U.S. person, or receive a contribution from a U.S. perso   | n?  |   | 🗆                    | Yes 🗌 No          |  |  |  |  |
| Κ   | Did you receive total compensation of \$250,000 or more  | e during the tax year? .  |   | $\overline{\sqcap}$  | 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 i  |   |   | ax troaty with a r   | oroigir oodiriiy, |  |  |  |  |
| 1   | Enter the name of the country, the applicable tax treaty a   |   |   | claimed the treaty   | henefit and the   |  |  |  |  |
| -   | amount of exempt income in the columns below. Attach I   |   |   | olaimod tho troaty   | bononi, and in    |  |  |  |  |
|     | (a) Country  | (b) Tax treaty article  | (c) Number of month                     | s (d) Amount         | of exempt         |  |  |  |  |
|     | (a) Country  | (b) Tax treaty article  | claimed in prior tax yes                | , , ,                | rrent tax year    |  |  |  |  |
|     |  |   | , |                      |                   |  |  |  |  |
|     |  |   |   |                      |                   |  |  |  |  |
|     |  |   |   |                      |                   |  |  |  |  |
|     |  |   |   |                      |                   |  |  |  |  |
|     |  |   |   |                      |                   |  |  |  |  |
|     |  |   |   |                      |                   |  |  |  |  |
|     | (a) Total Enter this amount on Form 1040 ND line 11:   | Do not ontor it on acchai   | ro alaa an lina 1                       |                      |                   |  |  |  |  |
| _   | (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1   |   |   |                      |                   |  |  |  |  |
|     |  |   |   |                      |                   |  |  |  |  |
| 3   | Are you claiming treaty benefits pursuant to a Competent Authority determination?  |   |   |                      |                   |  |  |  |  |
|     | If "Yes," attach a copy of the Competent Authority determination letter to your return.  |   |   |                      |                   |  |  |  |  |
| M   | Check the applicable box if:   |   |   |                      |                   |  |  |  |  |
| 1   | This is the first year you are making an election 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   |   |   |                      |                   |  |  |  |  |
| 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 bus   | iness under section 87  | 1(d). See instructions .                |                      | <u>U</u>          |  |  |  |  |

REV 03/07/24 PRO