## 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

| internal nevertue Service  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Submission Identification Number (SID)   |   |  |  |  |  |  |
| Taxpayer's name  | Social secur  | ity number   |  |  |  |  |
| NARENDRA BABU PAVULURI   | 094-59  | 094-59-5745  |  |  |  |  |
| Spouse's name  |   | Spouse's social security number  |  |  |  |  |
|  |   |  |  |  |  |  |
|  | 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.   |   | 1 1  |  |  |  |  |
| <b>1</b> Adjusted gross income   |   |  | <b>,</b> 957.  |  |  |  |
| 2 Total tax  |   | 2  | 211.   |  |  |  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |   | 3  | 754.   |  |  |  |
| 4 Amount you want refunded to you  |   | 4  | 543.   |  |  |  |
| 5 Amount you owe   |   | 5  |  |  |  |  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you Under penalties of perjury, I declare that I have examined a copy of the income tax return (original tax).   |   |  |  |  |  |  |
| my knowledge and belief, it is true, correct, and complete. I further declare that the amounts return (original or amended) I am now authorizing. I consent to allow my intermediate service protous send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I at Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the final authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues repersonal identification number (PIN) below is my signature for the income tax return (original or Electronic Funds Withdrawal Consent. | ovider, transmitter, or elect reason for rejection of the uthorize the U.S. Treasury an account indicated in the ancial institution to debit that to terminate the authorizedlation requests must be noolved in the payment. I full | ronic return originar transmission, (b) the and its designated tax preparation sof e entry to this accordation. To revoke (be received no late of the electronic parther acknowledge | tor (ERO)<br>ne reason<br>Financial<br>ftware for<br>bunt. This<br>cancel) a<br>er than 2<br>ayment of<br>that the |  |  |  |
| Taxpayer's PIN: check one box only   |   |  |  |  |  |  |
| ▼ I authorize GLOBAL TAXES LLC to enter  | or generate my PIN  |  | as my  |  |  |  |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing  | d   | nter five digits, but<br>on't enter all zeros  |  |  |  |  |
| I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN <b>and</b> your return is filed using the Practition below.   | nded) I am now authoriz   |  |  |  |  |  |
| Your signature ▶   | Date ►  |  |  |  |  |  |
| Spouse's PIN: check one box only   |   |  |  |  |  |  |
| · _  | or generate my PIN  |  | as my  |  |  |  |
| ERO firm name  | , _   | nter five digits, but  | ,  |  |  |  |
| signature on the income tax return (original or amended) I am now authorizing  | g. d  | on't enter all zeros   |  |  |  |  |
| I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN <b>and</b> your return is filed using the Practition below.   |   |  |  |  |  |  |
| Spouse's signature ▶   | Date ►  |  |  |  |  |  |
| Practitioner PIN Method Returns Only—cont  | tinue below   |  |  |  |  |  |
| Part III Certification and Authentication — Practitioner PIN Method O  | nly   |  |  |  |  |  |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PII  |   | 6 0 8 2 7<br>ter all zeros   | 1  |  |  |  |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individe authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i>  | nat I am submitting this rei  | urn in accordance  |  |  |  |  |
| ERO's signature ▶  | Date ►  |  |  |  |  |  |
| ERO Must Retain This Form — See Inst   |   |  |  |  |  |  |
| Don't Submit This Form to the IRS Unless Requ  | ested To Do So  |  |  |  |  |  |

# Department of the Treasury – Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

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

| For the year Jar                             | n. 1–C  | Dec. 31, 2023, or other tax year beginn   | ing   | , 2023,                         | ending                 | ,            | 20                |           | See separate nstructions. |
|--|---|---|---|---------------------------------|------------------------|--------------|-------------------|-----------|---------------------------|
| Your first name and middle initial Last name |   |   |   |                                 | our identifying number |              |                   |           |                           |
|  |   |   |   |                                 |                        | `            | see instructions) |           |                           |
| NARENDRA                                     |   |   |   |                                 |                        | 094-         | 094-59-5745       |           |                           |
|  | •   | ber and street). If you have a P.O. box   | , see ins                                   | tructions.                      |                        |              |                   |           | Apt. no.                  |
| 2521 WEST                                    |   |   |   |                                 |                        |              |                   |           | 1202                      |
| City, town, or p                             | ost o   | ffice. If you have a foreign address, als   | so comp                                     | lete spaces below.              |                        | State        |                   | ZIP co    |                           |
| IRVING                                       |   |   |   |                                 |                        | TX           |                   | 750       | 63                        |
| Foreign country                              | nam   | e   | Foreigr                                     | n province/state/county         |                        | Foreign      | postal co         | de        |                           |
|  | 1   |   |   |                                 |                        |              |                   |           |                           |
| Filing                                       |   |   |   |                                 |                        |              |                   | tate      | ☐ Trust                   |
| Status                                       | If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent |   |   |                                 |                        |              |                   |           |                           |
| Check only one box.                          |   |   |   |                                 |                        |              |                   |           |                           |
|  | Λ+ ο  | ny time during 2023, did you: (a) recei   | (aa a                                       | roward award or naum            | ant for property or or | na (iooo): o | r (b) coll        | ovobo     | ngo or                    |
| Digital Assets                               |   | erwise dispose of a digital asset (or a f   |   |                                 |                        |              | · · · ·           |           | Yes X No                  |
| Dependents                                   | -   | · · · · · ·   |   |                                 |                        |              | eck the box       | k if qual | lifies for (see inst.):   |
| (see instructions):                          |   |   | (2) Dependent's                             |                                 |                        | Child tax c  |                   | ĺ         | Credit for other          |
| ,  |   | (1) First name Last name  |   | identifying number              | (3) Relationship to yo | ou o         | Offila tax credit |           | dependents                |
| If more than four                            |   |   |   |                                 |                        |              |                   |           |                           |
| dependents, see                              |   |   |   |                                 |                        |              | <u> </u>          |           |                           |
| instructions and check here                  |   |   |   |                                 |                        |              |                   | _         |                           |
|  | _   | T. I  | 4 / •                                       |                                 |                        |              |                   |           | 15.057                    |
| Income                                       | 1a  | Total amount from Form(s) W-2, box  | ,   | ,                               |                        |              |                   | +         | 15,957.                   |
| Effectively                                  | b   | Household employee wages not rep  |   |                                 |                        |              |                   |           |                           |
| Connected                                    | C   | Tip income not reported on line 1a (s   |   | •                               |                        |              |                   |           |                           |
| With U.S.                                    | d   | Medicaid waiver payments not report   |   |                                 |                        |              |                   |           |                           |
| Trade or                                     | e   | Taxable dependent care benefits fro   |   | ·                               |                        |              |                   |           |                           |
| Business                                     | f   | Employer-provided adoption benefit Wages from Form 8919, line 6                                   |   | •                               |                        |              | . 1f              |           |                           |
| Attach                                       | g<br>h  | Other earned income (see instruction  |   |                                 |                        |              | . 1g              |           |                           |
| Form(s) W-2,                                 | - ''  | Reserved for future use   | ,   |                                 |                        |              | . 111             |           |                           |
| 1042-S,<br>SSA-1042-S.                       |   | Reserved for future use   |   |                                 |                        |              | . 1j              |           |                           |
| RRB-1042-S,                                  | J<br>V  | Total income exempt by a treaty from  |   |                                 | 1 1                    |              | ,                 |           |                           |
| and 8288-A<br>here. Also                     | ĸ   | line 1(e)   |   |                                 |                        |              |                   |           |                           |
| attach                                       | z   | Add lines 1a through 1h   |   |                                 |                        |              | . 1z              |           | 15 <b>,</b> 957.          |
| Form(s)                                      | 2a  | Tax-exempt interest 2a  | 1   | 1                               | kable interest         |              | . 2b              |           |                           |
| 1099-R if tax was                            |   | Qualified dividends 3a  | _   |                                 | dinary dividends .     |              | . 3b              |           |                           |
| withheld.                                    | 4a  | IRA distributions 4a  |   |                                 | kable amount           |              |                   |           |                           |
| If you did not                               | 5a  | Pensions and annuities 5a   | a   |                                 | kable amount           |              |                   |           |                           |
| get a Form                                   | 6   | Reserved for future use   |   | <del></del>                     |                        |              | . 6               |           |                           |
| W-2, see instructions.                       | 7   | Capital gain or (loss). Attach Schedu   | ıle D (Fo                                   | rm 1040) if required. If n      | ot required, check he  | ere          | 7                 |           | · ·                       |
|  | 8   | Additional income from Schedule 1   | (Form 10                                    | 040), line 10                   |                        |              | . 8               |           |                           |
|  | 9   | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8  | 8. This is                                  | your total effectively o        | onnected income        |              | . 9               |           | 15 <b>,</b> 957.          |
|  | 10  | 0 Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to |   |                                 |                        |              |                   |           |                           |
|  |   | income  |   |                                 |                        |              |                   |           |                           |
|  | 11  | Subtract line 10 from line 9. This is y   |   |                                 |                        |              |                   |           | 15,957.                   |
|  | 12  | Itemized deductions (from Schedu  |   |                                 |                        |              |                   |           | 12 050                    |
|  |   | deduction (see instructions)  |   |                                 |                        | naia Tre     | aty <b>12</b>     |           | 13,850.                   |
|  | 13a   |   | luction from Form 8995 or Form 8995-A . 13a |                                 |                        |              |                   |           |                           |
|  | b   | Exemptions for estates and trusts or  |   |                                 |                        |              |                   |           |                           |
|  | C   | Add lines 13a and 13b   |   |                                 |                        |              |                   |           | 12.050                    |
|  | 14  |   |   |                                 |                        |              |                   |           | 13,850.                   |
|  | 15  | Subtract line 14 from line 11. If zero  | or iess,                                    | enter -υ This is your <b>ta</b> | xable income .         |              | .   15            |           | 2,107.                    |

| Form 1040-NR (2                      | 2023)  |  |                    |                      |                               |        |          |             |                     | Page <b>2</b> |
|--------------------------------------|--|--|--------------------|----------------------|-------------------------------|--------|----------|-------------|---------------------|---------------|
| Tax and                              | 16   | Tax (see instructions). Check if ar  | ny from For        | rm(s): <b>1</b>      | 314 <b>2</b> 🗌 4              | 4972   | 3 🗌      |             | 16                  | 211.          |
| Credits                              | 17   | Amount from Schedule 2 (Form   | 1040), line        | 3                    |                               |        |          |             | 17                  | 0.            |
|                                      | 18   | Add lines 16 and 17  |                    |                      |                               |        |          |             | 18                  | 211.          |
|                                      | 19   | Child tax credit or credit for other   | er depende         | ents from Sched      | ule 8812 (Form                | 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 z  | ero or less        | s, enter -0          |                               |        |          |             | 22                  | 211.          |
|                                      | 23a  | Tax on income not effectively co   | nnected w          | rith a U.S. trade    | or business fror              | m      |          |             |                     |               |
|                                      |  | Schedule NEC (Form 1040-NR),   | line 15 .          |                      |                               | 23a    |          |             |                     |               |
|                                      | b  | Other taxes, including self-empl   | oyment ta          | x, from Schedul      | e 2 (Form 1040                | 0),    |          |             |                     |               |
|                                      |  | line 21  |                    |                      |                               | 23b    |          |             |                     |               |
|                                      | С  | Transportation tax (see instruction  | ons)               |                      |                               | 23c    |          |             |                     |               |
|                                      | d  | Add lines 23a through 23c  |                    |                      |                               |        |          |             | 23d                 |               |
|                                      | 24   | Add lines 22 and 23d. This is yo   | ur <b>total ta</b> | x                    |                               | ., .   | <u></u>  |             | 24                  | 211.          |
| <b>Payments</b>                      | 25   | Federal income tax withheld from   | m:                 |                      |                               |        |          |             |                     |               |
|                                      | а  | Form(s) W-2  |                    |                      |                               |        |          | 754.        |                     |               |
|                                      | b  | Form(s) 1099   |                    |                      |                               | 25b    |          |             |                     |               |
|                                      | С  | Other forms (see instructions) .   |                    |                      |                               | 25c    |          |             |                     |               |
|                                      | d  | Add lines 25a through 25c  |                    |                      |                               |        |          |             | 25d                 | 754.          |
|                                      | е  | Form(s) 8805   |                    |                      |                               |        |          |             | 25e                 |               |
|                                      | f  | Form(s) 8288-A   |                    |                      |                               |        |          |             | 25f                 |               |
|                                      | g  | Form(s) 1042-S   |                    |                      |                               |        |          |             | 25g                 |               |
|                                      | 26   | 2023 estimated tax payments ar   | nd amount          | applied from 20      | 22 return                     | ı      |          |             | 26                  |               |
|                                      | 27   | Reserved for future use  |                    |                      |                               |        |          |             |                     |               |
|                                      | 28   | Additional child tax credit from S   |                    | •                    | •                             |        |          |             |                     |               |
|                                      | 29   | Credit for amount paid with Forr   |                    |                      |                               |        |          |             |                     |               |
|                                      | 30   | Reserved for future use  |                    |                      |                               |        |          |             | _                   |               |
|                                      | 31   | Amount from Schedule 3 (Form   |                    |                      |                               |        |          |             |                     |               |
|                                      | 32   | Add lines 28, 29, and 31. These  | -                  |                      |                               |        |          |             | 32                  | 55.4          |
|                                      | 33   | Add lines 25d, 25e, 25f, 25g, 26   |                    |                      |                               |        |          |             | 33                  | 754.          |
| Refund                               | 34   | If line 33 is more than line 24, su  |                    |                      |                               |        | -        |             | 34                  | 543.          |
| D: 1 1 110                           | 35a  | Amount of line 34 you want <b>refu</b>   |                    |                      |                               |        |          |             | 35a                 | 543.          |
| Direct deposit?<br>See instructions. | b  | Routing number 0 6 3 1   |                    |                      |                               | Chec   | king     | Savings     |                     |               |
|                                      | d  | Account number 8 9 8   |                    |                      |                               |        |          |             |                     |               |
|                                      | е  | e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. |                    |                      |                               |        |          |             |                     |               |
|                                      | 26   |  |                    |                      |                               |        |          |             |                     |               |
| Amount                               | 36<br>37   | Amount of line 34 you want <b>app</b> Subtract line 33 from line 24. Th  |                    |                      |                               | 36     |          |             |                     |               |
| Amount<br>You Owe                    | 31   | For details on how to pay, go to   |                    | -                    |                               | ns     |          |             | 37                  |               |
| rou Owe                              | 38   | Estimated tax penalty (see instru  | _                  | -                    |                               | 38     | ]        |             | 01                  |               |
| Third                                |  |  |                    |                      |                               |        | s. Ty    | es. Comp    | lete he             | low. 🗵 No     |
| Party                                | Do you want to allow another person to discuss this return with the IRS? See instructions.    Phone    Personal identity   |  |                    |                      |                               |        |          |             | 10W. 110            |               |
| Designee                             | name no. reisonal identification number (PIN)  |  |                    |                      |                               |        | ilcation |             |                     |               |
|                                      | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |  |                    |                      |                               |        |          |             |                     |               |
| Sign                                 | Your signature   |  |                    | Date Your occupation |                               |        | If th    | e IRS s     | ent you an Identity |               |
| Here                                 |  |  |                    |                      | Protection PIN, enter it here |        |          |             |                     |               |
|                                      |  |  |                    |                      | SR SOFTE                      | WARE   | ENGINE   | ER (see     | inst.)              |               |
|                                      | Phone  | e no.  |                    | Email address        |                               |        |          |             |                     |               |
| Paid                                 | Prepa  | rer's name   | Preparer           | 's signature         |                               | Date   | e        | PTIN        |                     | Check if:     |
| Preparer                             | SYAM   | PRIYA RAM SAGAR GUPTA TALLAM   | SYAM PR            | IYA RAM SAGAI        | R GUPTA TALL                  | AM 03/ | 02/2024  | P0208       | 2703                | Self-employed |
| Use Only                             | Firm's name GLOBAL TAXES LLC Phone no  |  |                    |                      |                               |        | no. (6   | 78)965-9522 |                     |               |
| Joe Olliy                            | Firm's address 245 DOOMEY OF E DRINGWICK NT 00016  |  |                    |                      |                               |        |          | INI O       | 1 2171065           |               |

#### **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

connected with a U.S. business

on Schedule D (Form 1040).

Form 4797, or both.

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

Name shown on Form 1040-NR Your identifying number NARENDRA BABU PAVULURI 094-59-5745 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 C 3 4 5 Real property income and natural resources royalties . . . 6 7 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 16 (a) Kind of property and description (f) LOSS (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). Report property sales or exchanges that are effectively

17 Add columns (f) and (g) of line 16

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. Department of the Treasury Internal Revenue Service Answer all questions.

OMB No. 1545-0074

Attachment Sequence No. **7C** 

| Nam | e shown on Form 1040-NR   |                                 |                        |   | Your identifying | number                  |               |  |  |
|-----|---|---------------------------------|------------------------|---|------------------|-------------------------|---------------|--|--|
|     |   |                                 |                        |   |                  | 745                     |               |  |  |
| Α   | Of what country or countries were you a citizen or national during the tax year? INDIA  |                                 |                        |   |                  |                         | _ <del></del> |  |  |
| В   | In what country did you claim residence for tax p   | urposes duri                    | ing the tax ye         | ear? India  |                  |                         |               |  |  |
| С   | Have you ever applied to be a green card holder (lawful permanent resident) of the United States?   |                                 |                        |   |                  |                         |               |  |  |
| D   | Were you ever:         A U.S. citizen?  |                                 |                        |   |                  |                         |               |  |  |
|     |   |                                 |                        | ⊠ No<br>⊠ No  |                  |                         |               |  |  |
| 2   |   |                                 |                        |   |                  |                         |               |  |  |
| Е   | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.  If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S.                    |                                 |                        |   |                  |                         |               |  |  |
| _   | immigration status on the last day of the tax year.   | F1                              |                        |   |                  |                         |               |  |  |
| F   | Have you ever changed your visa type (nonimmigr If you answered "Yes," indicate the date and nature   | rant status) c<br>re of the cha | or U.S. immig<br>ange: | ration status?  |                  | ☐ Yes                   | ⊠ No          |  |  |
| G   | List all dates you entered and left the United State  | s during 202                    | 23. See instru         | ctions.   |                  |                         |               |  |  |
|     | Note: If you're a resident of Canada or Mexico A  |                                 |                        |   | _                |                         |               |  |  |
|     | check the box for Canada or Mexico and skip to  |                                 |                        |   |                  |                         |               |  |  |
|     | Date entered United States Date departed Unit mm/dd/yy mm/dd/yy   |                                 |                        | Date entered United States mm/dd/yy   |                  | irted Unite<br>nm/dd/yy | d States      |  |  |
|     | ·······   | ,                               | -                      | 55/33   | 1                | , , ,                   |               |  |  |
|     |   |                                 |                        |   |                  |                         |               |  |  |
|     |   |                                 |                        |   |                  |                         |               |  |  |
|     |   |                                 |                        |   |                  |                         |               |  |  |
| Н   | Give number of days (including vacation, nonworkda 2021, 2022   |                                 |                        |   | _                |                         |               |  |  |
| I   | Did you file a U.S. income tax return for any prior y If "Yes," give the latest year and form number you  | year?                           |                        |   |                  | ☐ Yes                   | ⊠ No          |  |  |
| J   | Are you filing a return for a trust?  |                                 |                        |   |                  | ☐ Yes                   | ⊠ No          |  |  |
|     | If "Yes," did the trust have a U.S. or foreign owner U.S. person, or receive a contribution from a U.S.   |                                 |                        |   |                  | ☐Yes                    | ☐ No          |  |  |
| Κ   |   |                                 |                        |   |                  |                         | ⊠ No          |  |  |
|     |   |                                 |                        |   |                  |                         | ☐ No          |  |  |
| L   | Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.                                |                                 |                        |   |                  |                         |               |  |  |
| •   | • 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. |                                 |                        |   |                  |                         |               |  |  |
|     | (a) Country   | (b)                             | Tax treaty arti        | ty article (c) Number of months (d) Amount of claimed in prior tax years income in currer |                  |                         | •             |  |  |
|     |   |                                 |                        |   |                  |                         |               |  |  |
|     |   |                                 |                        |   |                  |                         |               |  |  |
|     |   |                                 |                        |   |                  |                         |               |  |  |
|     | (a) Total Enter this amount on Form 1040 ND lin   | no 1k. Do not                   | t ontor it on a        | where else on line 1  |                  |                         |               |  |  |
| 4   | (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1  |                                 |                        |   |                  |                         | □No           |  |  |
|     | 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.   |                                 |                        |   |                  |                         |               |  |  |
| М   | Check the applicable box if:  |                                 |                        |   |                  |                         |               |  |  |
| •   | I. 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                            |                                 |                        |   |                  |                         | onnected      |  |  |
| 2   | <ol><li>You have made an election in a previous year th<br/>States as effectively connected with a U.S. trade of</li></ol>  | nat has not I                   | been revoked           | d, to treat income from re  | al property loc  | cated in th             | ne United     |  |  |

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