| Form <b>8879</b>           |
|----------------------------|
| (Rev. January 2021)        |
| Department of the Treasury |

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

Social accurity number

Internal Revenue Service

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

Submission Identification Number (SID)

Taxpayor'a pama

| тахрау | er s hame  | Social security nu | liber         |
|--------|--|--------------------|---------------|
| SES    | HA KUMAR REDDY NALLAMILLI  | 815-04-71          | 24            |
| Spouse | 's name  | Spouse's social se | curity number |
| Par    | Tax Return Information — Tax Year Ending December 31, 2023 (Enter      | r year you are a   | uthorizing.)  |
| 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      | Adjusted gross income  | 1                  | 21,411.       |
| 2      | Total tax  | 2                  | 758.          |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099          | 3                  | 1,219.        |
| 4      | Amount you want refunded to you  | 4                  | 461.          |
| 5      | Amount you owe   |                    |               |

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

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

| l authorize | GLOBAL TAXES | LLC           | to enter or generate my PIN | ļ |
|-------------|--------------|---------------|-----------------------------|---|
|             |              | ERO firm name |                             |   |

| 4          | 7                | 1               | 2               | 4          |       |
|------------|------------------|-----------------|-----------------|------------|-------|
| Ent<br>don | er fiv<br>i't er | /e di<br>nter a | gits,<br>all ze | but<br>ros | 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

X

Date 🕨

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

I authorize

| to. | ontor | ~r | gonorato | mu |      |
|-----|-------|----|----------|----|------|
| το  | enter | or | generate | my | PIIN |

as mv Enter five digits, but

don't enter all zeros

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 si | gnature 🕨 🛛 Da  | ate 🕨 | •  |   |       |             | <br> |   |   |   |  |
|-------------|---|-------|----|---|-------|-------------|------|---|---|---|--|
|             | Practitioner PIN Method Returns Only—continue                                   | bel   | ow |   |       |             |      |   |   |   |  |
| Part III    | Certification and Authentication – Practitioner PIN Method Only                 |       |    |   |       |             |      |   |   |   |  |
| ERO's EFIN  | J/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2     | 2  | 2 | <br>_ | 6<br>nter a | <br> | 2 | 7 | 1 |  |

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

| ERO's signature >                        |  | Date 🕨 |                          |
|--|--|--------|--------------------------|
|  | RO Must Retain This Form — S bmit This Form to the IRS Unles |        |                          |
| For Denemicarly Deduction Act Nation and |  |        | Earm 8879 (Bay, 01 2021) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

| <b>1040</b>                        | )         | NR Department of the Treasury-Inte<br>U.S. Nonresident AI        | rnal Rever      | nue Service<br>come Tax Returr        | 2023                | OMB No.   | 1545-007     | 4 IRS    | Use Only—Do not write<br>r staple in this space. |  |  |
|------------------------------------|-----------|--|-----------------|---------------------------------------|---------------------|-----------|--------------|----------|--|--|--|
| For the year Jar                   | ı. 1-     | Dec. 31, 2023, or other tax year beginr                          | ning            | ing, 2023, ending, 20                 |                     |           |              |          | See separate<br>instructions.                    |  |  |
| Your first name and middle initial |           |  |                 | Last name Yo                          |                     |           |              |          | Your identifying number                          |  |  |
|                                    |           |  |                 |                                       |                     |           | (see i       | nstru    | ctions)  |  |  |
| SESHA KUM                          | IAR       | REDDY  | NALL            | AMILLI                                |                     |           | 81           | 5-04     | 4-7124   |  |  |
| Home address (                     | (nur      | nber and street). If you have a P.O. box                         | , see ins       | structions.                           |                     |           |              |          | Apt. no.   |  |  |
| 6201 WIND                          |           |  |                 |                                       |                     |           |              |          | 2223   |  |  |
| City, town, or po                  | ost       | office. If you have a foreign address, al                        | so comp         | lete spaces below.                    |                     | State     |              |          | <sup>&gt;</sup> code                             |  |  |
| PLANO TX                           |           |  |                 |                                       |                     |           | 5093         |          |  |  |  |
| Foreign country                    | nar       | ne   | Foreig          | n province/state/county               |                     | Foreig    | n postal     | code     |  |  |  |
|                                    | 1         |  |                 |                                       |                     |           |              |          |  |  |  |
| Filing                             |           | Single Married filing sep  | arately (N      | MFS) 🗌 Qualifyir                      | ng surviving spous  | e (QSS)   |              | Estate   | e 🗌 Trust  |  |  |
| Status                             | 1         | f you checked the QSS box, enter the                             | child's na      | ame if the qualifying pers            | on is a child but n | ot your d | ependent     | :        |  |  |  |
| Check only<br>one box.             | -         |  |                 |                                       |                     |           |              |          |  |  |  |
|                                    | At        | any time during 2023, did you: (a) rece                          | ive (as a       | reward award or payme                 | ent for property or | services  | or (b) se    | ll exc   | hange or   |  |  |
| Digital Associs                    | oth       | nerwise dispose of a digital asset (or a                         | financial       | interest in a digital asset           | )? (See instruction | s.) .     |              |          | Yes X No   |  |  |
| Dependents                         |           |  |                 |                                       |                     | (4)       | Check the    | box if o | qualifies for (see inst.):                       |  |  |
| (see instructions):                | 1         | (1) Eirst name   |                 | (2) Dependent's<br>identifying number | (3) Relationship to |           | Child tax cr | edit     | Credit for other                                 |  |  |
|                                    |           | (1) First name Last name   |                 |                                       | (3) Relationship to | you       |              |          | dependents                                       |  |  |
| If more than four                  | -         |  |                 |                                       |                     |           |              |          |  |  |  |
| dependents, see instructions and   |           |  |                 |                                       |                     |           |              |          |  |  |  |
| check here                         | -         |  |                 |                                       |                     |           |              |          |  |  |  |
| Income                             | 1a        | Total amount from Form(s) W-2, bo                                | x 1 (see i      | nstructions)                          |                     |           |              | la       | 21,411.  |  |  |
| Effectively                        | b         |  | •               | ,                                     |                     |           |              | lb       | ·  |  |  |
| Connected                          | с         |  |                 |                                       |                     |           |              | lc       |  |  |  |
| With U.S.                          | d         | Medicaid waiver payments not repo                                | rted on I       | Form(s) W-2 (see instruct             | ions)               |           | 🗋            | ld       |  |  |  |
| Trade or                           | е         | Taxable dependent care benefits from                             | om Form         | 2441, line 26                         |                     |           | 🗋            | le       |  |  |  |
| Business                           | f         | Employer-provided adoption benefi                                | ts from F       | orm 8839, line 29 .                   |                     |           |              | 1f       |  |  |  |
| Attach                             | g         | •  |                 |                                       |                     |           |              | lg       |  |  |  |
| Form(s) W-2,                       | h         | · · · · · · · · · · · · · · · · · · ·                            |                 |                                       |                     |           | · ·   ·      | lh       |  |  |  |
| 1042-S,                            | i         | Reserved for future use  |                 |                                       |                     |           |              |          |  |  |  |
| SSA-1042-S,<br>RRB-1042-S,         | j         | Reserved for future use  |                 |                                       | 1 1                 | • •       | · ·          | 1j       |  |  |  |
| and 8288-A                         | k         | · · · · · · · · · · · · · · · · · · ·                            |                 |                                       |                     |           |              |          |  |  |  |
| here. Also<br>attach               | -         | line 1(e)  |                 |                                       |                     |           |              | 1z       | 21,411.  |  |  |
| Form(s)                            | z<br>2a   |  | 1               |                                       | able interest       |           |              | 2b       |  |  |  |
| 1099-R if tax was                  | 2a        |  |                 |                                       | inary dividends .   |           |              | 3b       |  |  |  |
| withheld.                          | 4a        |  | a               |                                       | able amount         |           |              | 1b       |  |  |  |
| lf you did not                     | 5a        | Pensions and annuities 5   | a               | <b>b</b> Tax                          | able amount         |           | [            | 5b       |  |  |  |
| get a Form<br>W-2, see             | 6         | Reserved for future use  |                 | · · · · · · · · ·                     |                     |           | 🗌            | 6        |  |  |  |
| instructions.                      | 7         | Capital gain or (loss). Attach Sched                             | ule D (Fo       | rm 1040) if required. If no           | ot required, check  | here .    | . 🗆 🗋        | 7        |  |  |  |
|                                    | 8         | Additional income from Schedule 1                                | (Form 10        | 040), line 10                         |                     |           | 🗋            | 8        |  |  |  |
|                                    | 9         | Add lines 1z, 2b, 3b, 4b, 5b, 7, and                             | 8. This is      | s your total effectively c            | onnected income     | • • •     | 🗋            | 9        | 21,411.  |  |  |
|                                    | 10        | Adjustments to income from Scheo<br>income                       |                 | orm 1040), line 26. These             | •                   | -         |              | 10       |  |  |  |
|                                    | 11        | Subtract line 10 from line 9. This is                            | our <b>adju</b> | usted gross income                    |                     |           | 🗋            | 11       | 21,411.  |  |  |
|                                    | 12        | Itemized deductions (from Schedu<br>deduction (see instructions) |                 |                                       |                     |           |              | 12       | 13,850.  |  |  |
|                                    | 13a       | Qualified business income deduction                              | n from F        | orm 8995 or Form 8995-                | A. <b>13a</b>       |           |              |          |  |  |  |
|                                    | b         | Exemptions for estates and trusts o                              | nly (see i      | instructions)                         | <b>13b</b>          |           |              |          |  |  |  |
|                                    | c         | Add lines 13a and 13b  |                 |                                       |                     |           | 1            | 3c       |  |  |  |
|                                    | 14        |  |                 |                                       |                     |           |              | 14       | 13,850.  |  |  |
|                                    | <u>15</u> | Subtract line 14 from line 11. If zero                           |                 |                                       |                     |           | '            | 15       | 7,561.   |  |  |

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         8814         2         4972         3  | 16             | 758.          |
| Credits           | 17            | Amount from Schedule 2 (Form 1040), line 3  | 17             | 0.            |
|                   | 18            | Add lines 16 and 17   | 18             | 758.          |
|                   | 19            | Child tax credit or credit for other dependents from Schedule 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 zero or less, enter -0  | 22             | 758.          |
|                   | 23a           | Tax on income not effectively connected with a U.S. trade or business from         Schedule NEC (Form 1040-NR), line 15   |                |               |
|                   | b             | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21  |                |               |
|                   | с             | Transportation tax (see instructions)   |                |               |
|                   | d             | Add lines 23a through 23c   | 23d            |               |
|                   | 24            | Add lines 22 and 23d. This is your <b>total tax</b>   | 24             | 758.          |
| Payments          | 25            | Federal income tax withheld from:   |                |               |
|                   | а             | Form(s) W-2   |                |               |
|                   | b             | Form(s) 1099  |                |               |
|                   | с             | Other forms (see instructions)  |                |               |
|                   | d             | Add lines 25a through 25c   | 25d            | 1,219.        |
|                   | е             | Form(s) 8805  | 25e            |               |
|                   | f             | Form(s) 8288-A  | 25f            |               |
|                   | 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 refundable credits  | 32             |               |
|                   | 33            | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments   | 33             | 1,219.        |
| Refund            | 34            | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid   | 34             | 461.          |
|                   | 35a           | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here  | 35a            | 461.          |
| Direct deposit?   | b             | Routing number         1         1         0         0         6         1         4         c Type:         C Checking         Savings   |                |               |
| See instructions. | d             | Account number 7 6 0 3 7 5 1 0 2  |                |               |
|                   | е             | If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.  |                |               |
|                   | 36            | enter it here<br>Amount of line 34 you want <b>applied to your 2024 estimated tax 36</b>  |                |               |
| Amount            | 37            | Subtract line 33 from line 24. This is the amount you owe.  |                | _             |
| You Owe           |               | For details on how to pay, go to www.irs.gov/Payments or see instructions   | 37             |               |
|                   | 38            | Estimated tax penalty (see instructions)  |                |               |
| Third             | Do yo         | $\sim$ want to allow another person to discuss this return with the IRS? See instructions. $\Box$ Yes. Comp   | olete below.   | 🔀 No          |
| Party<br>Designee | Desig<br>name |   | fication       |               |
|                   | Under         | penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the<br>they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which  |                | 0             |
| Sign              |               |   | ne IRS sent yo | , ,           |
| Here              | rours         |   | tection PIN, e |               |
| nere              |               |   | e inst.)       |               |
|                   | Phone         | e no. Email address   |                |               |
| Paid              | Prepa         | rer's name Preparer's signature Date PTIN   | Cheo           | ck if:        |
|                   | SYAN          | 1 PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/03/2024 P0208   | 2703 08        | Self-employed |
| Preparer          | Firm's        | s name GLOBAL TAXES LLC Phone r   |                | 965-9522      |
| Use Only          | Firm's        | s address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E   |                |               |
| Go to www.irs.g   | gov/Foi       | m1040NR for instructions and the latest information. BAA REV 03/07/24 PRO   | Form 1         | 040-NR (2023) |

### SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

# 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.

Name shown on Form 1040-NR

| 2023                          |
|-------------------------------|
| Attachment<br>Sequence No. 78 |

%

Your identifying number

815-04-7124

SESHA KUMAR REDDY NALLAMILLI

| Enter a | amount of income under the appropriate rate of tax. See instructions.                               |     |                |                |         |   |           |
|---------|---|-----|----------------|----------------|---------|---|-----------|
|         | Nature of Income  |     | <b>(a)</b> 10% | <b>(b)</b> 15% | (c) 30% |   | (specify) |
|         |   |     |                |                |         | % |           |
| 1       | Dividends and dividend equivalents:   |     |                |                |         |   |           |
| а       | Dividends paid by U.S. corporations   | 1a  |                |                |         |   |           |
| b       | Dividends paid by foreign corporations  | 1b  |                |                |         |   |           |
| С       | Dividend equivalent payments received with respect to section 871(m) transactions                   | 1c  |                |                |         |   |           |
| 2       | Interest:   |     |                |                |         |   |           |
| а       | Mortgage  | 2a  |                |                |         |   |           |
| b       | Paid by foreign corporations  | 2b  |                |                |         |   |           |
| с       | Other   | 2c  |                |                |         |   |           |
| 3       | Industrial royalties (patents, trademarks, etc.)  | 3   |                |                |         |   |           |
| 4       | Motion picture or TV copyright royalties  | 4   |                |                |         |   |           |
| 5       | Other royalties (copyrights, recording, publishing, etc.)   | 5   |                |                |         |   |           |
| 6       | Real property income and natural resources royalties  | 6   |                |                |         |   |           |
| 7       | Pensions and annuities  | 7   |                |                |         |   |           |
| 8       | Social security benefits  | 8   |                |                |         |   |           |
| 9       | Capital gain from line 18 below   | 9   |                |                |         |   |           |
| 10      | Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0        |     |                |                |         |   |           |
| а       | Winnings  |     |                |                |         |   |           |
| b       | Losses  | 10c |                |                |         |   |           |
| 11      | Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed | 11  |                |                |         |   |           |
| 12      | Other (specify):  |     |                |                |         |   |           |
|         |   | 12  |                |                |         |   |           |
| 13      | Add lines 1a through 12 in columns (a) through (d)  | 13  |                |                |         |   |           |
| 14      | Multiply line 13 by rate of tax at top of each column   | 14  |                |                |         |   |           |

15 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<br>losses from property sales or<br>exchanges that are from sources<br>within the United States and not<br>effectively connected with a U.S.<br>business. Do not include a gain<br>or loss on disposing of a U.S. real | 16 | (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below) | (b) Date acquired<br>mm/dd/yyyy | (c) 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). |
|---|----|--|---------------------------------|-----------------------------|-----------------|----------------------------|--|--|
| gains and losses on Schedule D<br>(Form 1040).  |    |  |                                 |                             |                 |                            |  |  |
| Report property sales or<br>exchanges that are effectively<br>connected with a U.S. business<br>on Schedule D (Form 1040),<br>Form 4797, or both.   |    | Add columns (f) and (g) of line 16 <b>Capital gain.</b> Combine columns (f) and                                    | (g) of line 17. Ente            |                             |                 |                            | ()<br>r -0 <b>18</b>   |  |

| SCHE  | DULE   | ΟΙ |
|-------|--------|----|
| (Form | 1040-N | R) |

### **Other Information**

Attach to Ear

OMB No. 1545-0074 

| Department of the Treasury Go to www.irs.gov/Form1040N |   |   | <i>IR</i> for instructions and the latest information.       |                           |  | Attachment<br>Sequence No. <b>7C</b> |                         |          |  |
|--|---|---|--|---------------------------|--|--------------------------------------|-------------------------|----------|--|
| lame sł  | nown on Form 1040-N   | IR  |  |                           | Y  | our identifyin                       |                         |          |  |
| SESH   | IA KUMAR RED  | DY NALLAN   | MILLI  |                           |  | 815-04-7                             | 124                     |          |  |
| Α  |   |   | vere you a citizen or national                               |                           |  |                                      |                         |          |  |
| В  | In what country of  | did you claim   | residence for tax purposes                                   | during the tax year?      | United States                                    |                                      |                         |          |  |
| C  | Have you ever applied to be a green card holder (lawful permanent resident) of the United States?   |   |  |                           |  |                                      |                         |          |  |
| D<br>1   | Were you ever:<br>• A U.S. citizen? • • • • • • • • • • • • • • • • • • •   |   |  |                           |  |                                      |                         |          |  |
|  |   |   | manent resident) of the Unit                                 |                           |  |                                      |                         | X No     |  |
|  |   |   | ), see Pub. 519, chapter 4, f                                |                           |  |                                      |                         |          |  |
| Е  | If you had a visa   | on the last of  | day of the tax year, enter ye                                |                           |  | r your U.S.                          |                         |          |  |
|  |   |   | lay of the tax year. $_{F1}$                                 |                           |  |                                      |                         |          |  |
| F  |   |   | isa type (nonimmigrant statu<br>e the date and nature of the | us) or U.S. immigrati     | on status?                                       |                                      |                         | 🗙 No     |  |
| G  | -   |   | eft the United States during                                 |                           |  |                                      |                         |          |  |
| -  | •   |   | anada or Mexico AND com                                      |                           |  | nt intervals,                        |                         |          |  |
|  | check the box for   | check the box for Canada or Mexico and skip to item H |  |                           |  |                                      |                         |          |  |
|  | Date entered U<br>mm/dd   |   | Date departed United State<br>mm/dd/yy                       | s Da                      | ate entered United States<br>mm/dd/yy            |                                      | arted Unite<br>mm/dd/yy | d States |  |
|  |   |   |  | _                         |  |                                      |                         |          |  |
|  |   |   |  |                           |  |                                      |                         |          |  |
|  |   |   |  |                           |  |                                      |                         |          |  |
|  |   |   |  |                           |  |                                      |                         |          |  |
| Н  |   |   | vacation, nonworkdays, and, 2022                             |                           |  | -                                    |                         |          |  |
| I  |   |   | return for any prior year? .                                 |                           |  |                                      | X Yes                   | No       |  |
| -  | If "Yes," give the  | latest year ar  | id form number you filed:                                    | 10-                       | 40NR   |                                      |                         |          |  |
| J  | If "Yes," give the latest year and form number you filed:       1040NR         Are you filing a return for a trust?   |   |  |                           |  |                                      | <b>Yes</b>              | 🗙 No     |  |
|  | If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a  |   |  |                           |  |                                      |                         |          |  |
|  | U.S. person, or receive a contribution from a U.S. person?  |   |  |                           |  |                                      | <b>Yes</b>              | ∐ No     |  |
| K  |   |   |  |                           |  |                                      |                         |          |  |
| L  |   |   | ative method to determine th<br>you are claiming exemptic    |                           | •  |                                      |                         |          |  |
| L  |   |   | . See Pub. 901 for more info                                 |                           |  | x treaty wit                         | n a loreigi             | Country  |  |
| 1.   | Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. |   |  |                           |  |                                      |                         |          |  |
|  |   |   |  |                           |  | (al) ()                              | nount of ou             |          |  |
|  | (a) Country   |   | (b) Tax treaty article                                       | claimed in prior tax year | (d) Amount of exempt<br>income in current tax ye |                                      |                         |          |  |
|  |   |   |  |                           | , , ,  |                                      |                         |          |  |
|  |   |   |  |                           |  |                                      |                         |          |  |
|  | -   |   |  |                           |  |                                      |                         |          |  |
|  |   |   |  |                           |  |                                      |                         |          |  |
|  |   |   |  |                           |  |                                      |                         |          |  |
|  | <u></u>   |   |  |                           | · · · ·  |                                      |                         |          |  |
|  | (a) Total Entor t   | his amount a  | n Form 1040-NR, line 1k. Do                                  | not optor it opvubo       | va alaa an lina 1                                | 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.

Check the applicable box if: Μ

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 

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.

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🔀 No

Yes