Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074

2018

Return completed Form 8879 to your ERO. (Don't send to the IRS.)
 Go to www.irs.gov/Form8879 for the latest information.

| Submission Identification Number ( | SID) |
|------------------------------------|------|
|------------------------------------|------|

| <i>,</i>               |                                 |
|------------------------|---------------------------------|
| Faxpayer's name        | Social security number          |
| SAHITI REDDY ANNAREDDY | 121-93-0096                     |
| Spouse's name          | Spouse's social security number |
|                        |                                 |

| Part | <b>I Tax Return Information – Tax Year Ending December 31, 2018</b> (Whole dollars only)         | _    |             |
|------|--|------|-------------|
| 1    | Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)                                  | 1    | 6,941.      |
| 2    | Total tax (Form 1040, line 15; Form 1040NR, line 61)   | 2    | 0.          |
| 3    | Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a). | 3    | 78.         |
| 4    | Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)              | 4    | 78.         |
| 5    | Amount you owe (Form 1040, line 22; Form 1040NR, line 75)  | 5    |             |
| Part | II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy             | of y | our return) |

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. 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 aucton. This authorization is to remain in full force and effect until I notify 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 my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

| Taxpayer's | PIN: | check | one | box | only |
|------------|------|-------|-----|-----|------|
|------------|------|-------|-----|-----|------|

| X        | I authorize    | GLOBAL TAXES        | LLC                       | to enter or generate my PIN   | 3 0 0 9 6              |
|----------|----------------|---------------------|---------------------------|---|------------------------|
|          |                |                     | ERO firm name             |   | Enter five digits, but |
|          | as my signa    | ture on my tax year | 2018 electronically filed | l income tax return.  | don't enter all zeros  |
|          |                |                     |                           | 8 electronically filed income tax return. Che Practitioner PIN method. The ERO must c |                        |
| Your sig | gnature 🕨 🔄    |                     |                           | Date ►  |                        |
| Spouse   |                | k one box only      |                           |   |                        |
|          | l authorize    |                     |                           | to enter or generate my PIN   |                        |
|          |                |                     | ERO firm name             |   | Enter five digits, but |
|          | as my signa    | ture on my tax year | 2018 electronically filed | l income tax return.  | don't enter all zeros  |
|          |                |                     |                           | 8 electronically filed income tax return. Che Practitioner PIN method. The ERO must c |                        |
| Spouse   | 's signature 🕨 | •                   |                           | Date ►  |                        |

| Practitioner PIN Method Returns Only—continue below   |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Part III Certification and Authentication – Practitioner PIN Method Only                        |   |  |  |  |  |  |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5         8         7         2         7         8         1         2         3         4         5           Don't enter all zeros |  |  |  |  |  |

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return 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 🕨

## ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So

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

| Form <b>1040NR</b> U.S. Nonresid |          |        |   |             | ent Alien I                  | ncom        | e Tax     | <b>Retu</b>  | <b>rn</b><br>Iformatic | 'n       | L           | OMB N       | lo. 1545-0074      |
|----------------------------------|----------|--------|---|-------------|------------------------------|-------------|-----------|--------------|------------------------|----------|-------------|-------------|--------------------|
| Department of the                |          |        | For the   | year Janu   | ary 1-December 3             |             |           |              |                        |          |             | 2(          | 018                |
| Internal Revenue S               |          |        | beginning<br>name and initial                                 | , 2         | 018, and ending<br>Last name |             |           |              | , 20                   |          | ifving p    |             | e instructions)    |
|                                  |          |        |   |             |                              | 27          |           |              |                        |          |             |             | e instructions)    |
|                                  |          |        | I REDDY ome address (number and street o                      | rural route | ANNAREDE                     |             | oo instru | uctions      | Apt. no.               | 12.      | 1-93-       |             | Individual         |
| Please print                     |          |        | NE 140TH ST   | Turai Toute | e). Il you nave a F          | .0. 00, 5   | ee mstru  | ictions.     | 207A                   |          | Check       | if: 🛛       |                    |
| or type                          |          |        | or post office, state, and ZIP code                           | lf you hav  | ve a foreign addre           |             | omplete   | spaces be    |                        | astruct  | ione        |             | Estate or Trust    |
| or type                          |          |        | D OK 73013  | a ii you na |                              | 535, 8130 0 | ompiete   | spaces be    | 10w. dee 1             | 1311 401 | 10113.      |             |                    |
|                                  |          | -      | ountry name   |             |                              | Foreign     | nrovince  | /state/cou   | ntv                    |          |             | Forei       | ign postal code    |
|                                  | 1010     | ign oo | antry hame  |             |                              | roroigii    | province  | , state, oou | iity                   |          |             |             | gri postal obde    |
|                                  | 1        |        | Reserved  |             |                              |             | 4         | Reserv       | od                     |          |             |             |                    |
| Filing                           | 2        |        | Single nonresident alien                                      |             |                              |             | 5         |              | d nonres               | ident    | alien       |             |                    |
| Status                           | 2        |        | Reserved  |             |                              |             | 6         | _            | /ing wido              |          |             | struction   | 26)                |
| Check only                       | 3        |        |   |             |                              |             | 0         |              | name Þ                 |          | (366 11)    | struction   | 13)                |
| one box.                         |          |        |   |             |                              |             |           | Offild 3     |                        |          |             |             |                    |
| Dependents                       | 7        | Dep    | pendents: (see instructions)                                  |             | (2) Depende                  |             |           | pendent's    |                        | (4) 🖌    | if qualifie | es for (see | e instr.):         |
| If more                          |          | (1)    | First name Last name  | •           | identifying nu               | mber        | relations | ship to you  | l Chil                 | d tax c  | redit       | Credit for  | r other dependents |
| than four<br>dependents,         |          |        |   |             |                              |             |           |              |                        |          |             |             |                    |
| see instructions                 |          |        |   |             |                              |             |           |              |                        |          |             |             |                    |
| and check                        |          |        |   |             |                              |             |           |              |                        |          |             |             |                    |
| here.                            |          |        |   |             |                              |             |           |              |                        |          |             |             |                    |
| Income                           |          |        | ges, salaries, tips, etc. Attac                               | ( )         |                              |             |           |              |                        | •        | 8           |             | 6,941.             |
| Effectively                      |          |        | able interest   |             |                              |             | 1         |              |                        | •        | 9a          |             |                    |
| Connected                        |          |        | -exempt interest. Do not in                                   |             |                              |             |           |              |                        |          |             |             |                    |
| With U.S.                        | 10a      | Ord    | inary dividends   |             |                              |             | · ·       |              |                        | •        | 10a         |             |                    |
| Trade/                           |          |        | alified dividends (see instruct                               | ,           |                              |             |           |              |                        |          |             |             |                    |
| Business                         | 11       |        | able refunds, credits, or offs                                |             |                              |             | `         |              | ,                      |          | 11          |             |                    |
|                                  | 12       |        | olarship and fellowship grants.                               |             | ( )                          | •           |           |              |                        | '        | 12          |             |                    |
|                                  | 13       |        | iness income or (loss). Attac                                 |             |                              | •           | ,         |              |                        | _        | 13          |             |                    |
|                                  | 14       |        | ital gain or (loss). Attach Sche                              | •           | ,                            | •           |           |              |                        |          | 14          |             |                    |
| Attach Form(s)                   | 15       |        | er gains or (losses). Attach F                                | orm 479     | 7                            |             |           |              |                        | •        | 15          |             |                    |
| W-2, 1042-S,                     |          |        | erved   |             |                              | 1           |           |              |                        | •        | 16          |             |                    |
| SSA-1042S,<br>RRB-1042S,         | 17a      |        | s, pensions, and annuities                                    | ·           |                              |             |           | able amo     | (                      | ,        | 17b         |             |                    |
| and 8288-A                       | 18       |        | tal real estate, royalties, par                               | •           |                              |             |           | `            | ,                      |          | 18          |             |                    |
| here. Also<br>attach Form(s)     |          |        | m income or (loss). Attach So                                 |             | (                            |             |           |              |                        |          | 19          |             |                    |
| 1099-R if tax                    |          |        | employment compensation                                       |             |                              |             | • •       |              | • • •                  | •        | 20          |             |                    |
| was withheld.                    |          |        | er income. List type and am                                   |             |                              |             |           | 1            |                        |          | 21          |             |                    |
|                                  |          |        | l income exempt by a treaty from                              |             |                              |             | 22        |              |                        | - + - 1  | -           |             |                    |
|                                  | 23       |        | nbine the amounts in the f                                    |             |                              |             |           |              |                        |          | 00          |             | C 041              |
|                                  | 04       |        | ctively connected income                                      |             |                              |             |           |              |                        |          | 23          |             | 6,941.             |
| Adjusted                         | 24<br>25 |        | cator expenses (see instruct<br>Ith savings account deduction |             |                              |             | 24        |              |                        |          |             |             |                    |
| Gross                            | 25<br>26 |        | ing expenses for members                                      |             |                              |             | 25        |              |                        |          |             |             |                    |
| Income                           | 20       |        | m 3903  |             |                              |             | 26        |              |                        |          |             |             |                    |
|                                  | 27       |        | luctible part of self-employ                                  |             |                              |             | 20        |              |                        |          |             |             |                    |
|                                  |          |        | m 1040)   |             |                              |             | 27        |              |                        |          |             |             |                    |
|                                  | 28       |        | -employed SEP, SIMPLE, ar                                     |             |                              |             | 28        |              |                        |          |             |             |                    |
|                                  | 29       |        | -employed health insurance                                    |             |                              |             | 29        |              |                        |          |             |             |                    |
|                                  | 30       |        | alty on early withdrawal of s                                 |             |                              |             | 30        |              |                        |          |             |             |                    |
|                                  | 31       |        | olarship and fellowship gran                                  | -           |                              |             | 31        |              |                        |          |             |             |                    |
|                                  | 32       |        | deduction (see instructions)                                  |             |                              |             | 32        |              |                        |          |             |             |                    |
|                                  | 33       |        | dent loan interest deduction                                  |             |                              |             | 33        |              |                        |          |             |             |                    |
|                                  | 34       |        |   |             |                              |             |           |              |                        |          | 34          |             |                    |
|                                  |          |        | usted Gross Income. Subtr                                     |             |                              |             |           |              |                        |          | 35          |             | 6,941.             |
| <b>T</b>                         |          |        | ount from line 35 (adjusted g                                 |             |                              |             |           |              |                        |          | 36          |             | 6,941.             |
| Tax and                          | 37       |        | nized deductions from page                                    |             |                              |             |           | US/Ind       |                        |          | 37          |             | 12,000.            |
| Credits                          | 38       |        | lified business income dedu                                   |             |                              |             |           |              |                        |          | 38          |             |                    |
|                                  | 39       |        | mptions for estates and trus                                  | •           |                              |             |           |              |                        |          | 39          |             |                    |
| For Disclosure, P                | rivacy   |        | and Paperwork Reduction Act N                                 |             |                              | BAA         |           |              | V 05/02/19 F           |          | I           | Form 1      | 040NR (2018)       |

| Form 1040NR (201       | 8)          |  |                |          |          |                                |                | Page                       |
|------------------------|-------------|--|----------------|----------|----------|--------------------------------|----------------|----------------------------|
| Taxand                 | 40          | Add lines 37 through 39  |                |          |          |                                | 40             | 12,000                     |
| Tax and                | 41          | Taxable income. Subtract line 40 from line 36. If zero of  | or less, er    | nter -0- |          |                                | 41             | 0                          |
| Credits                | 42          | Tax (see instr.). Check if any is from Form(s): a 2814   | <b>b</b> 🗌 4   | 1972     | c        | ]                              | 42             | 0                          |
| (continued)            | 43          | Alternative minimum tax (see instructions). Attach For   | m 6251         |          |          |                                | 43             |                            |
|                        | 44          | Excess advance premium tax credit repayment. Attach  |                |          |          |                                | 44             |                            |
|                        | 45          | Add lines 42, 43, and 44   |                |          |          | 🕨                              | 45             | 0                          |
|                        | 46          | Foreign tax credit. Attach Form 1116 if required   |                | 46       |          |                                |                |                            |
|                        | 47          | Credit for child and dependent care expenses. Attach For   |                | 47       |          |                                |                |                            |
|                        | 48          | Retirement savings contributions credit. Attach Form 88  |                | 48       |          |                                |                |                            |
|                        | 49          | Child tax credit and credit for other dependent  |                |          |          |                                |                |                            |
|                        |             | instructions)  |                | 49       |          |                                |                |                            |
|                        | 50          | Residential energy credit. Attach Form 5695  |                | 50       |          |                                |                |                            |
|                        | 51          | Other credits from Form: $\mathbf{a} \square 3800 \mathbf{b} \square 8801 \mathbf{c} \square$            |                | 51       |          |                                |                |                            |
|                        | 52          | Add lines 46 through 51. These are your <b>total credits</b>   |                |          |          |                                | 52             |                            |
|                        | 53          | Subtract line 52 from line 45. If zero or less, enter -0-  |                |          |          |                                | 53             | 0                          |
|                        | 54          | Tax on income not effectively connected with a U.S.  |                |          |          |                                |                |                            |
| Other                  |             | Schedule NEC, line 15  |                |          | · ·      |                                | 54             |                            |
| Taxes                  | 55          | Self-employment tax. Attach Schedule SE (Form 1040)  |                |          |          |                                | 55             |                            |
|                        | 56          | Unreported social security and Medicare tax from Form  | 1: a 🗌 4       | 1137     |          | <b>b</b> 8919                  | 56             |                            |
|                        | 57          | Additional tax on IRAs, other qualified retirement plans,  | etc. Atta      | ch For   | m 532    | 29 if required                 | 57             |                            |
|                        | 58          | Transportation tax (see instructions)  |                |          |          |                                | 58             |                            |
|                        | <b>59</b> a | Household employment taxes from Schedule H (Form 1   | 040) .         |          |          |                                | 59a            |                            |
|                        |             | Repayment of first-time homebuyer credit from Form 54  |                |          |          |                                | 59b            |                            |
|                        | 60          | Taxes from: a Form 8959 b Instructions; enter c  | ode(s)         |          |          |                                | 60             |                            |
|                        | 61          | Total tax. Add lines 53 through 60   |                |          |          | 🕨                              | 61             | 0                          |
| Deumente               | 62          | Federal income tax withheld from:  |                |          |          |                                |                |                            |
| Payments               | a           | Form(s) W-2 and 1099   |                | 62a      |          | 78.                            |                |                            |
|                        | k           | Form(s) 8805   |                | 62b      |          |                                |                |                            |
|                        | c           | Form(s) 8288-A   |                | 62c      |          |                                |                |                            |
|                        | c           | Form(s) 1042-S   |                | 62d      |          |                                |                |                            |
|                        | 63          | 2018 estimated tax payments and amount applied from 201  | 7 return       | 63       |          |                                |                |                            |
|                        | 64          | Additional child tax credit. Attach Schedule 8812 .  |                | 64       |          |                                |                |                            |
|                        | 65          | Net premium tax credit. Attach Form 8962   |                | 65       |          |                                |                |                            |
|                        | 66          | Amount paid with request for extension to file (see instru   | uctions)       | 66       |          |                                |                |                            |
|                        | 67          | Excess social security and tier 1 RRTA tax withheld (see instru-   | uctions)       | 67       |          |                                |                |                            |
|                        | 68          | Credit for federal tax on fuels. Attach Form 4136 .  |                | 68       |          |                                |                |                            |
|                        | 69          | Credits from Form: a 2439 b Reserved c 8885 d  | ]              | 69       |          |                                |                |                            |
|                        | 70          | Credit for amount paid with Form 1040-C  |                | 70       |          |                                |                |                            |
|                        | 71          | Add lines 62a through 70. These are your total paymer  | nts.           |          |          |                                | 71             | 78                         |
|                        | 72          | If line 71 is more than line 61, subtract line 61 from line  | 71. This is    | s the a  | moun     | t you <b>overpaid</b>          | 72             | 78                         |
| Refund                 | 73a         | Amount of line 72 you want refunded to you. If Form 8  |                |          |          |                                | 73a            | 78                         |
| Direct deposit?<br>See | k           | Routing number         1         0         3         0         0         0         1         7         ► | <b>c</b> Type: | X Cl     | neckir   | <u>ig</u> 🗌 Savings            |                |                            |
| instructions.          | c           | Account number 3 0 5 0 0 6 0 3 3 6 5   | 7 9            |          |          |                                |                |                            |
|                        | e           | If you want your refund check mailed to an address outside the Unite                                     | d States no    | ot shown | n on pa  | ge 1, enter it here.           |                |                            |
|                        |             |  |                |          |          |                                |                |                            |
|                        | 74          | Amount of line 72 you want applied to your 2019 estimated  | d tax 🕨        | 74       |          |                                |                |                            |
| Amount                 | 75          | Amount you owe. Subtract line 71 from line 61. For detail  | s on how       | to pay   | , see i  | nstructions 🕨                  | 75             |                            |
| You Owe                | 76          | Estimated tax penalty (see instructions)   |                | 76       |          |                                |                |                            |
| Third Party            | Do y        | ou want to allow another person to discuss this return w   | ith the IF     | IS? Se   | e inst   | ructions 🗌 🏾                   | <b>/es.</b> Co | mplete below. 🛛 🗙 N        |
| Designee               | Dooid       | Phone Po   |                |          |          | Personal                       |                | tion                       |
|                        | ,           | nee's name ► no. ►<br>r penalties of perjury, I declare that I have examined this return and             | accompany      | ving sch | nedules  | number (F<br>and statements, a | ,              | best of my knowledge a     |
| Sign Here              |             | , they are true, correct, and complete. Declaration of preparer (other                                   |                |          |          |                                |                |                            |
| Keep a copy of         | Your        | signature Date   | Your occu      | pation i | in the L | Inited States                  |                | S sent you an Identity     |
| this return for        |             |  |                |          |          |                                | (see inst      | on PIN, enter it here tr.) |
| your records.          |             |  | STUDE          | NT       |          |                                |                |                            |
| Paid                   | Print       | Type preparer's name Preparer's signature  |                |          |          | Date                           | Check          | I if PTIN                  |
| Preparer               | APPA        | NA RUPA VENKATA SATYA SAI MANIKUMAR  |                |          |          |                                | self-emp       |                            |
| Use Only               | Firm        | s name ► GLOBAL TAXES LLC  |                |          |          | Firm's EIN ►                   |                |                            |
|                        |             | saddress► 2530 Pebble Creek Ln Cumming   | GA 30          | 041      |          | Phone no.                      |                |                            |

| Schedule A-   | -Iten | nized Deductions (see instructions)  |    | 07 |
|---|-------|--|----|----|
| Taxes You<br>Paid   | 1     | State and local income taxes   |    |    |
|   | а     | State and local income taxes   |    |    |
|   | b     | Enter the smaller of line 1a and \$10,000 (\$5,000 if married)   | 1b |    |
| Gifts<br>to U.S.  | 2     | Gifts by cash or check. If you made any gift of \$250 or more, see instructions       2  |    |    |
| If you made a<br>gift and<br>received a<br>benefit in<br>return, see<br>instructions. | 3     | Other than by cash or check. If you made any gift of \$250 or         more, see instructions. You must attach Form 8283 if the         amount of your deduction is over \$500         3      | -  |    |
|   | 4     | Carryover from prior year  |    |    |
|   | 5     | Add lines 2 through 4  | 5  |    |
| Casualty<br>and Theft<br>Losses   | 6     | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions |    |    |
| Other<br>Itemized<br>Deductions   | 7     | Other—from list in instructions. List type and amount  | 6  |    |

Total<br/>Itemized<br/>Deductions8Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on<br/>Form 1040NR, line 37

REV 05/02/19 PRO

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Form **1040NR** (2018)

| Form | 1040NR | (2018) |
|------|--------|--------|
|------|--------|--------|

| Page | 4 |
|------|---|
|------|---|

|   |                           | Schedule NEC-Tax on Income Not E                    | ffectively    | Cor   | nnected With      | a U.S. Trade or      | Business (see ir           | structions)                              |  |
|---|---------------------------|---|---------------|---|-------------------|----------------------|----------------------------|--|--|
| Er  |                           |   |               | Enter amount of income under the appropriate rate of tax (see instructions) |                   |                      |                            |  |  |
| Nature of income  |                           |   |               | <b>(a)</b> 10%  | <b>(b)</b> 150/   | (a) 2004             | (d) Other (specify)        |  |  |
|   |                           |   |               | (a) 10%   | (a) 1070          | <b>(b)</b> 15%       | <b>(c)</b> 30%             | %  | %  |
|   |                           |   |               |   |                   |                      |                            |  |  |
| 1   | Dividends and divide      | end equivalents:                                    |               |   |                   |                      |                            |  |  |
| а   | Dividends paid by U       | S. corporations                                     | 1             | 1a  |                   |                      |                            |  |  |
| b   | Dividends paid by fo      | preign corporations                                 | 1             | 1b  |                   |                      |                            |  |  |
| С   |                           | t payments received with respect to section         |               |   |                   |                      |                            |  |  |
|   | transactions              |   | · · · 1       | 1c  |                   |                      |                            |  |  |
| 2   | Interest:                 |   |               |   |                   |                      |                            |  |  |
| а   |                           |   |               | 2a  |                   |                      |                            |  |  |
| b   | Paid by foreign corp      | porations   |               | 2b  |                   |                      |                            |  |  |
| С   |                           |   |               | 2c  |                   |                      |                            |  |  |
| 3   |                           | oatents, trademarks, etc.)                          |               | 3   |                   |                      |                            |  |  |
| 4   |                           | V. copyright royalties                              |               | 4   |                   |                      |                            |  |  |
| 5   | • • • •                   | vrights, recording, publishing, etc.)               |               | 5   |                   |                      |                            |  |  |
| 6   |                           | e and natural resources royalties                   |               | 6   |                   |                      |                            |  |  |
| 7   |                           |   |               | 7   |                   |                      |                            |  |  |
| 8   | •                         | fits  |               | 8   |                   |                      |                            |  |  |
| 9   |                           | e 18 below  |               | 9   | ,                 |                      |                            |  |  |
| 10  | If zero or less, ente     | ts of Canada only. Enter net income in column (c    | <i>.</i> ).   |   |                   |                      |                            |  |  |
|   | Winnings                  | er -0   |               |   |                   |                      |                            |  |  |
| a<br>b  |                           |   | 1(            | 0c  |                   |                      |                            |  |  |
| 11  |                           | Residents of countries other than Canada.           |               |   |                   |                      |                            |  |  |
|   |                           | owed  | 1             | 11  |                   |                      |                            |  |  |
| 12  |                           |   |               | ··  |                   |                      |                            |  |  |
|   |                           |   | 1             | 12  |                   |                      |                            |  |  |
| 13  |                           | 12 in columns (a) through (d)                       |               | 13  |                   |                      |                            |  |  |
| 14  | -                         | rate of tax at top of each column                   |               | 14  |                   |                      |                            |  |  |
| 15  |                           | ot effectively connected with a U.S. trade o        |               |   | d columns (a) t   | hrough (d) of line 1 | 4. Enter the total         | here and on                              |  |
|   |                           | 54  |               |   |                   |                      |                            |  |  |
|   |                           | Capital Gains and                                   |               |   |                   |                      |                            |  |  |
|   | nly the capital gains and | <b>16</b> (a) Kind of property and description      | (b) Date      |   | (c) Date          |                      |                            | (f) LOSS                                 | (g) GAIN                                 |
| losses from property sales or<br>exchanges that are from<br>sources within the United<br>States and not effectively<br>connected with a U.S. business.<br>Do not include a gain or loss on<br>disposing of a U.S. real<br>property interest; report these<br>gains and losses on Schedule D<br>(Form 1040). |                           | (if necessary, attach statement of                  | acquired      |   | sold              | (d) Sales price      | (e) Cost or other<br>basis | If (e) is more<br>than (d), subtract (d) | If (d) is more<br>than (e), subtract (e) |
|   |                           | descriptive details not shown below) (mo., day, yr. |               |   | (mo., day, yr.)   |                      |                            | from (e)                                 | from (d)                                 |
|   |                           |   |               |   |                   |                      |                            |  |  |
|   |                           |   |               |   |                   |                      |                            |  |  |
|   |                           |   |               |   |                   |                      |                            |  |  |
| •   | property sales or         |   |               |   |                   |                      |                            |  |  |
| exchan  | ges that are effectively  |   |               |   |                   |                      |                            |  |  |
| connected with a U.S. business<br>on Schedule D (Form 1040),<br>Form 4797, or both.   |                           | <b>17</b> Add columns (f) and (g) of line 16        |               | · .   |                   |                      | 17                         |  |  |
|   |                           | 18 Capital gain. Combine columns (f) and            | (g) of line 1 | 17. Er  | nter the net gain | here and on line 9   | above (if a loss, e        | nter -0-) 🕨 🛛 18                         |  |

Μ

## Schedule OI-Other Information (see instructions) Answer all questions

- Of what country or countries were you a citizen or national during the tax year? INDIA Α
- In what country did you claim residence for tax purposes during the tax year? United States В С D Were you ever: 1. A U.S. citizen?
- 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 did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1 \_\_\_\_\_
- F If you answered "Yes," indicate the date and nature of the change.
- G List all dates you entered and left the United States during 2018. See instructions. Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals,

| Date entered United State<br>mm/dd/yy | s Date departed United States<br>mm/dd/yy | Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy |
|---------------------------------------|---|--|---|
|                                       |   |  |   |
|                                       |   |  |   |

н Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2016 , 2017 , and 2018 <u>365</u>. X Yes 🗌 No Did vou file a U.S. income tax return for any prior year? L

|   |  | <u> </u> | 100 |   |    |
|---|--|----------|-----|---|----|
|   | If "Yes," give the latest year and form number you filed 1040NR  |          |     |   |    |
| J | Are you filing a return for a trust?   |          | Yes | X | 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?   |          | Yes |   | No |
| κ | Did you receive total compensation of \$250,000 or more during the tax year?   |          | Yes | X | No |
|   | If "Yes," did you use an alternative method to determine the source of this compensation?                            |          |     |   |    |

- 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.
  - 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.

|    | (a) Country   | (b) Tax treaty<br>article | (c) Number of months claimed in prior tax years | (d) Amount of exempt income in current tax year |  |  |
|----|---|---------------------------|---|---|--|--|
|    |   |                           |   |   |  |  |
|    |   |                           |   |   |  |  |
|    |   |                           |   |   |  |  |
|    | (e) Total. Enter this amount on Form 1040NR, line 22.   | Do not enter it on line 8 | 3 or line 12 🕨                                  |   |  |  |
| 2. | Were you subject to tax in a foreign country on any of the income shown in 1(d) above?  |                           |   |   |  |  |
| 3. | Are you claiming treaty benefits pursuant to a Competent Authority determination?   |                           |   |   |  |  |
| 1. | Check the applicable box if:<br>This is the first year you are making an election to treat in<br>with a U.S. trade or business under section 871(d). See in |                           | 5   |   |  |  |

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 . . . . . . . . . . . . . . . . .

> Form **1040NR** (2018) REV 05/02/19 PRO