| Form | 8879 |  |
|------|------|--|
| Form | XX/U |  |

# **IRS** e-file Signature Authorization

OMB No. 1545-0074

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

689.

689.

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

N.

| Тахрау | ver's name  | Social security number          |   |        |  |  |  |  |  |
|--------|---|---------------------------------|---|--------|--|--|--|--|--|
| TAR    | ANGINI AGULA  | 444-49-9135                     |   |        |  |  |  |  |  |
| Spouse | e's name  | Spouse's social security number |   |        |  |  |  |  |  |
|        |   |                                 |   |        |  |  |  |  |  |
| Par    | t I Tax Return Information – Tax Year Ending December 31, 2018 (V | Vhole dollars only)             |   |        |  |  |  |  |  |
| 1      | Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)   |                                 | 1 | 8,000. |  |  |  |  |  |
| 2      | Total tax (Form 1040, line 15: Form 1040NR, line 61)              |                                 | 2 | 0.     |  |  |  |  |  |

| 2 | 101a11aX (FOITI 1040, life 15, FOITI 1040 Nr, life 01)  | 2 |  |
|---|---|---|--|
| 3 | Eaderal income tax withheld from Forms $W_2$ and 1099 (Form 1040, line 16; Form 1040NB, line 62a) | 3 |  |

Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a).
 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a).

| 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 your 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 account. 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

| Part I   | Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only |            |          |                                       |                            |  |     |        |       |          |   |
|----------|--|------------|----------|---------------------------------------|----------------------------|--|-----|--------|-------|----------|---|
| Spouse   | 's signature 🕨   | •          |          |                                       |                            | Date ►   |     |        |       |          |   |
|          |  |            |          |                                       |                            | cally filed income tax return. C<br>r PIN method. The ERO must |     |        |       |          |   |
| _        | , ,  | ,          |          | , , , , , , , , , , , , , , , , , , , | / filed income tax return. |  |     |        |       | II zeros |   |
|          |  |            |          | ERO firm name                         |                            |  |     |        |       | jits, bu |   |
|          | I authorize  |            |          |                                       |                            | to enter or generate my PIN                                    |     |        |       |          |   |
| Spouse   | e's PIN: checl   | k one box  | only     |                                       |                            |  |     | 1      |       |          |   |
| Your sig | gnature 🕨  |            |          |                                       |                            | Date ►   |     |        |       |          |   |
|          |  |            |          |                                       |                            | cally filed income tax return. C<br>r PIN method. The ERO must |     |        |       |          |   |
|          | as my signa <sup>.</sup>   | ture on my | tax year | 2018 electronically file              | d income tax               | c return.  | don | 't en  | ter a | ll zeros | 6 |
|          |  |            |          | ERO firm name                         |                            |  | Ent | er fiv | e dig | jits, bu | t |
| X        | l authorize  | GLOBAL     | TAXES    | LLC                                   |                            | to enter or generate my PIN                                    | 9   | 9      | 1     | 3 !      | 5 |

ERO's EFIN/PIN. 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>1040</b>                        | NR     |      | U.S. Nonresi  | dent Alien I                          | ncom        | e Tax          | Retu       | <b>rn</b><br>nformatio | on.      | ļ          | OMB N         | o. 1545-0074        |
|---|--------|------|---|---------------------------------------|-------------|----------------|------------|------------------------|----------|------------|---------------|---------------------|
| Department of the<br>Internal Revenue S | Treas  | ury  | For the year Jar  | uary 1-December 3<br>2018, and ending | 31, 2018,   | or other t     | ax year    | , 20                   |          |            | 20            | 018                 |
| Internal Revenue S                      |        |      | beginning,<br>name and initial  | Last name                             |             |                |            | , 20                   | Ident    | ifvina ni  | umber (se     | e instructions)     |
|   |        |      | GINI  | AGULA                                 |             |                |            |                        |          |            | 9135          | 0                   |
|   |        |      | ome address (number and street or rural rou   |                                       | .O. box. s  | ee instruc     | ctions.    | Apt. no.               |          | Check      |               | Individual          |
| Please print                            |        |      | NORTHSTAR RD  | illo): Il you llato a l               | 101 201, 0  |                |            | , puller               |          | Oneok      |               | Estate or Trust     |
| or type                                 |        |      | or post office, state, and ZIP code. If you h   | ave a foreign addre                   | ess. also c | complete       | spaces be  | low. See ii            | nstructi | ons.       |               |                     |
| 51                                      |        |      | RDSON TX 75082  |                                       | ,           |                |            |                        |          |            |               |                     |
|   |        |      | puntry name   |                                       | Foreian     | province/      | state/cour | ntv                    |          |            | Forei         | gn postal code      |
|   |        |      |   |                                       | g.i         |                |            | ,                      |          |            |               | 9                   |
|   | 1      |      | Reserved  |                                       |             | 4              | Reserv     | red                    |          |            |               |                     |
| Filing<br>Status                        | 2      |      | Single nonresident alien  |                                       |             | 5              |            | d nonres               | ident    | alien      |               |                     |
| Status                                  | 3      | _    | Reserved  |                                       |             | 6              |            | ving wide              |          |            | struction     | ls)                 |
| Check only                              | 0      |      |   |                                       |             | 0              |            | name ►                 |          | (000 11    | 01100101      | 10)                 |
| one box.                                |        |      |   |                                       |             |                | Offild 3   |                        |          |            |               |                     |
| Dependents                              | 7      | Dep  | pendents: (see instructions)  | (2) Depende                           |             |                | endent's   |                        | (4) 🖌    | if qualifi | es for (see   | instr.):            |
| If more                                 |        | (1)  | First name Last name  | identifying nu                        | mber        | relations      | hip to you | Chil                   | d tax c  | redit      | Credit for    | other dependents    |
| than four dependents,                   |        |      |   |                                       |             |                |            |                        |          |            |               |                     |
| see instructions                        |        |      |   |                                       |             |                |            |                        |          |            |               |                     |
| and check                               |        |      |   |                                       |             |                |            |                        |          |            |               |                     |
| here.                                   |        |      |   |                                       |             |                |            |                        |          |            |               |                     |
| Income                                  | 8      | Wag  | ges, salaries, tips, etc. Attach Form(  | s) W-2                                |             |                |            |                        |          | 8          |               | 8,000.              |
| Effectively                             | 9a     | Тах  | able interest   |                                       |             | · · .          |            |                        |          | 9a         |               |                     |
| Connected                               | b      | Tax  | -exempt interest. Do not include of   | n line 9a                             |             | 9b             |            |                        |          |            |               |                     |
| With U.S.                               | 10a    | Ord  | linary dividends  |                                       |             | · · .          |            |                        |          | 10a        |               |                     |
| Trade/                                  | b      | Qua  | alified dividends (see instructions)  |                                       |             | 10b            |            |                        |          |            |               |                     |
| Business                                | 11     |      |   |                                       |             |                |            |                        |          | 11         |               |                     |
|   | 12     | Sch  | Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions) |                                       |             |                |            |                        |          |            |               |                     |
|   | 13     |      |   |                                       |             |                |            |                        |          | 13         |               |                     |
|   | 14     | Cap  | bital gain or (loss). Attach Schedule D   | Form 1040) if red                     | quired. If  | not req        | uired, ch  | eck here               |          | 14         |               |                     |
| Attach Form(s)                          | 15     | Oth  | er gains or (losses). Attach Form 47  | 97                                    |             |                |            |                        |          | 15         |               |                     |
| W-2, 1042-S,                            | 16     | Res  | served  |                                       |             |                |            |                        |          | 16         |               |                     |
| SSA-1042S,                              | 17a    | IRA  | s, pensions, and annuities <b>17a</b>   |                                       | 17          | <b>'b</b> Taxa | able amou  | unt (see ir            | str.)    | 17b        |               |                     |
| RRB-1042S,<br>and 8288-A                | 18     | Ren  | ntal real estate, royalties, partnership  | os, trusts, etc. A                    | ttach Sc    | hedule         | E (Form    | 1040) .                |          | 18         |               |                     |
| here. Also                              | 19     | Farr | m income or (loss). Attach Schedule   | F (Form 1040)                         |             |                |            |                        |          | 19         |               |                     |
| attach Form(s)<br>1099-R if tax         | 20     | Une  | employment compensation   |                                       |             |                |            |                        |          | 20         |               |                     |
| was withheld.                           | 21     | Oth  | er income. List type and amount (se   | e instructions)                       |             |                |            |                        |          | 21         |               |                     |
|   | 22     | Tota | al income exempt by a treaty from page 5,   | Schedule OI, Item                     | n L (1)(e)  | 22             |            |                        |          |            |               |                     |
|   | 23     |      | mbine the amounts in the far right  |                                       |             |                |            |                        |          |            |               |                     |
|   |        | effe | ectively connected income   |                                       |             |                |            |                        |          | 23         |               | 8,000.              |
| Adjusted                                | 24     |      | icator expenses (see instructions)  |                                       |             | 24             |            |                        |          |            |               |                     |
| Gross                                   | 25     |      | alth savings account deduction. Atta  |                                       |             | 25             |            |                        |          |            |               |                     |
| Income                                  | 26     |      | ving expenses for members of the  |                                       | . Attach    |                |            |                        |          |            |               |                     |
| Income                                  |        |      | m 3903  |                                       |             | 26             |            |                        |          |            |               |                     |
|   | 27     |      | ductible part of self-employment ta   |                                       |             |                |            |                        |          |            |               |                     |
|   |        |      | rm 1040)  |                                       |             | 27             |            |                        |          |            |               |                     |
|   | 28     |      | f-employed SEP, SIMPLE, and quali   |                                       |             | 28             |            |                        |          |            |               |                     |
|   | 29     |      | f-employed health insurance deduct  |                                       |             | 29             |            |                        |          |            |               |                     |
|   | 30     |      | alty on early withdrawal of savings   |                                       |             | 30             |            |                        |          |            |               |                     |
|   | 31     | Sch  | olarship and fellowship grants exclu  | ided                                  |             | 31             |            |                        |          |            |               |                     |
|   | 32     |      | deduction (see instructions)  |                                       |             | 32             |            |                        |          |            |               |                     |
|   | 33     |      | dent loan interest deduction (see ins   | structions) .                         |             | 33             |            |                        |          |            |               |                     |
|   | 34     |      | 0   |                                       |             |                |            |                        |          | 34         |               |                     |
|   | 35     | Adj  | usted Gross Income. Subtract line   | 34 from line 23                       |             |                |            |                        |          | 35         |               | 8,000.              |
| Tax and                                 | 36     |      | ount from line 35 (adjusted gross inc   |                                       |             |                |            |                        |          | 36         |               | 8,000.              |
| Credits                                 | 37     |      | nized deductions from page 3, Sch   |                                       |             | Dẹdṇ l         | JS/Ind     | iạ Ţre                 | aty      | 37         |               | 12,000.             |
|   | 38     | Qua  | alified business income deduction (s  | ee instructions)                      |             |                |            |                        |          | 38         |               |                     |
|   | 39     | Exe  | emptions for estates and trusts only  | (see instructions                     | s)          |                |            |                        |          | 39         |               |                     |
| For Disclosure, P                       | rivacy | Act, | and Paperwork Reduction Act Notice, se  | e instructions.                       | BAA         |                | RE\        | / 05/02/19 P           | RO       |            | Form <b>1</b> | <b>040NR</b> (2018) |

| Form 1040NR (201                 | 8)    |  |                          |           | Page <b>2</b>                                   |
|----------------------------------|-------|--|--------------------------|-----------|---|
| Tanad                            | 40    | Add lines 37 through 39  |                          | 40        | 12,000.   |
| Tax and                          | 41    | Taxable income. Subtract line 40 from line 36. If zero or less, enter -0-  |                          | 41        | 0.  |
| Credits                          | 42    | Tax (see instr.). Check if any is from Form(s): $\mathbf{a} \square 8814$ $\mathbf{b} \square 4972$ $\mathbf{c} \square$ |                          | 42        | 0.  |
| (continued)                      | 43    | Alternative minimum tax (see instructions). Attach Form 6251   |                          | 43        |   |
|                                  | 44    | Excess advance premium tax credit repayment. Attach Form 8962  |                          | 44        |   |
|                                  | 45    | Add lines 42, 43, and 44   | 🕨                        | 45        | 0.  |
|                                  | 46    | Foreign tax credit. Attach Form 1116 if required   |                          |           |   |
|                                  | 47    | Credit for child and dependent care expenses. Attach Form 2441 47  |                          |           |   |
|                                  | 48    | Retirement savings contributions credit. Attach Form 8880 . 48   |                          |           |   |
|                                  | 49    | Child tax credit and credit for other dependents (see  |                          |           |   |
|                                  |       | instructions)  |                          |           |   |
|                                  | 50    | Residential energy credit. Attach Form 5695 50   |                          |           |   |
|                                  | 51    | Other credits from Form: <b>a</b> 3800 <b>b</b> 8801 <b>c</b> 51   |                          |           |   |
|                                  | 52    | Add lines 46 through 51. These are your total credits  |                          | 52        |   |
|                                  | 53    | Subtract line 52 from line 45. If zero or less, enter -0   |                          | 53        | 0.  |
| Other                            | 54    | Tax on income not effectively connected with a U.S. trade or business  |                          |           |   |
|                                  |       | 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: <b>a</b> 4137 <b>b</b>  | 8919                     | 56        |   |
|                                  | 57    |  |                          | 57        |   |
|                                  | 58    | Transportation tax (see instructions)  |                          | 58        |   |
|                                  |       | a Household employment taxes from Schedule H (Form 1040)   |                          | 59a       |   |
|                                  |       | Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405  |                          | 59b       |   |
|                                  |       | Taxes from: a Form 8959 b Instructions; enter code(s)  |                          | 60        |   |
|                                  | 61    | Total tax. Add lines 53 through 60   | 🕨                        | 61        | 0.  |
| Dovmonto                         |       | Federal income tax withheld from:  |                          |           |   |
| Payments                         |       | a Form(s) W-2 and 1099   | 689.                     |           |   |
|                                  |       | • Form(s) 8805   |                          |           |   |
|                                  | C     | : Form(s) 8288-A   |                          |           |   |
|                                  | C     | I Form(s) 1042-S   |                          |           |   |
|                                  | 63    | 2018 estimated tax payments and amount applied from 2017 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 instructions) <b>66</b>  |                          |           |   |
|                                  | 67    | Excess social security and tier 1 RRTA tax withheld (see instructions) 67  |                          |           |   |
|                                  |       | 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  |                          |           |   |
|                                  |       | Add lines 62a through 70. These are your total payments  |                          | 71        | 689.  |
| Refund                           |       | If line 71 is more than line 61, subtract line 61 from line 71. This is the amount                                       | · · _                    | 72        | 689.  |
| Direct deposit?                  | 73a   | Amount of line 72 you want refunded to you. If Form 8888 is attached, check  |                          | 73a       | 689.  |
| See                              |       | ■ Routing number 1 1 1 0 0 0 0 2 5 ► c Type: X Checking  | Savings                  |           |   |
| instructions.                    |       | Account number 4 8 8 0 5 6 5 6 9 1 1 7   |                          |           |   |
|                                  | e     | e If you want your refund check mailed to an address outside the United States not shown on page                         | 1, enter it here.        |           |   |
|                                  |       |  |                          |           |   |
|                                  |       | Amount of line 72 you want applied to your 2019 estimated tax > 74   |                          |           |   |
| Amount                           |       | Amount you owe. Subtract line 71 from line 61. For details on how to pay, see ins  | structions 🕨             | 75        |   |
| You Owe                          |       | Estimated tax penalty (see instructions)   |                          |           |   |
| Third Party                      | Doy   | you want to allow another person to discuss this return with the IRS? See instru   |                          |           | mplete below. XNo                               |
| Designee                         | Desi  | gnee's name ► no. ►  | Personal ic<br>number (P |           | tion  |
| Sign Here                        | Unde  | er penalties of perjury, I declare that I have examined this return and accompanying schedules a                         | nd statements, ar        | nd to the |   |
| Signifiere                       | belie | f, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on                       | 1                        |           |   |
| Keep a copy of                   | Your  | signature Date Your occupation in the Un   |                          |           | S sent you an Identity<br>on PIN, enter it here |
| this return for<br>your records. |       |  |                          | (see inst |   |
|                                  | 1     | SOFTWARE ENGIN   |                          |           |   |
| Paid                             | Prin  | t/Type preparer's name Preparer's signature  | Date                     | Check     | if PTIN   |
| Preparer                         | APPI  | NA RUPA VENKATA SATYA SAI MANIKUMAR  |                          | self-emp  | ployed P02090332                                |
| Use Only                         |       |  | firm's EIN ►             |           |   |
| -                                | Firm  | 's address ► 2530 Pebble Creek Ln Cumming GA 30041   | Phone no.                |           |   |

Form **1040NR** (2018)

| 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  |    |    |
| Charities<br>If you made a<br>gift and                  | 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      | -  |    |
| received a<br>penefit in<br>return, see<br>nstructions. | 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 Ef                 | ffectively      | Con   | nected With              | a U.S. Trade or      | Business (see ir           | structions)                              |  |  |
|---------------------|--|---|-----------------|-------|--------------------------|----------------------|----------------------------|--|--|--|
|                     |  |   |                 | E     | Enter <b>amount of</b> i | ncome under the app  | propriate rate of tax      | (see instructions)                       |  |  |
|                     |  | Nature of income                                  |                 |       | <b>(a)</b> 10%           | <b>(b)</b> 15%       | (c) 30%                    | (d) Other (specify)                      |  |  |
|                     |  |   |                 |       | (a) 10%                  | <b>(b)</b> 1376      | (C) 50 %                   | %  | %  |  |
|                     |  |   |                 |       |                          |                      |                            |  |  |  |
| 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                   |  | patents, trademarks, etc.)                        |                 | 3     |                          |                      |                            |  |  |  |
| 4                   |  | V. copyright royalties                            |                 | 4     |                          |                      |                            |  |  |  |
| 5                   | • • • •  | vrights, recording, publishing, etc.)             |                 | 5     |                          |                      |                            |  |  |  |
| 6                   |  | e and natural resources royalties                 |                 | 6     |                          |                      |                            |  |  |  |
| 7                   |  | ties  |                 | 7     |                          |                      |                            |  |  |  |
| 8                   | •  | fits  |                 | 8     |                          |                      |                            |  |  |  |
| 9                   |  |   |                 | 9     | ,                        |                      |                            |  |  |  |
| 10                  |  | ts of Canada only. Enter net income in column (c) | ).              |       |                          |                      |                            |  |  |  |
| _                   | If zero or less, ente<br>Winnings                      | er -0   |                 |       |                          |                      |                            |  |  |  |
| a<br>h              |  |   | 1               | 0c    |                          |                      |                            |  |  |  |
| 11                  |  |   | · · · ["        |       |                          |                      |                            |  |  |  |
|                     |  |   |                 | 11    |                          |                      |                            |  |  |  |
| 12                  |  |   |                 |       |                          |                      |                            |  |  |  |
| 12                  |  |   | 1               | 12    |                          |                      |                            |  |  |  |
| 13                  |  | 12 in columns (a) through (d)                     |                 | 13    |                          |                      |                            |  |  |  |
| 14                  | -  | rate of tax at top of each column                 |                 | 14    |                          |                      |                            |  |  |  |
| 15                  |  | of effectively connected with a U.S. trade of     |                 |       | 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                                 |  |
| exchan              | from property sales or ges that are from               | (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) |  |
| States              | s within the United<br>and not effectively             | descriptive details not shown below) (i           | (mo., day, yr.) |       | (mo., day, yr.)          |                      |                            | from (e)                                 | from (d)                                 |  |
|                     | ted with a U.S. business.<br>include a gain or loss on |   |                 |       |                          |                      |                            |  | _  |  |
| disposi             | ng of a U.S. real                                      |   |                 |       |                          |                      |                            |  |  |  |
| gains a             | y interest; report these<br>nd losses on Schedule D    |   |                 |       |                          |                      |                            |  |  |  |
| (Form 1<br>Report   |  |   |                 |       |                          |                      |                            |  |  |  |
| exchan              | property sales or<br>ges that are effectively          |   |                 |       |                          |                      |                            |  |  |  |
| on Scl              | ted with a U.S. business hedule D (Form 1040),         | <b>17</b> Add columns (f) and (g) of line 16      |                 |       |                          |                      | 17                         |  |  |  |
| Form 4797, or both. |  | 18 Capital gain. Combine columns (f) and (        | (g) of line 1   | 7. En | ter 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? India В Have you ever applied to be a green card holder (lawful permanent resident) of the United States? 🗌 Yes 🛛 No 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 States<br>mm/dd/yy | 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 <u>365</u>, 2017 <u>365</u>, and 2018 <u>365</u>. Did vou file a U.S. income tax return for any prior year? I

|   | If "Yes," give the latest year and form number you filed ► 1040NR  |            |       |    |
|---|--|------------|-------|----|
| J | Are you filing a return for a trust?   | <u>ا</u>   | íes 🛛 | 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?   | <u> </u>   | ſes 🗌 | No |
| κ | Did you receive total compensation of \$250,000 or more during the tax year?   | <u>ר</u> ו | íes 🛛 | 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.
  - 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 | 8 or line 12 🕨                                  |   |  |  |  |  |  |
| 2. | Vere 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?  |                           |   |   |  |  |  |  |  |
|    | If "Yes," attach a copy of the Competent Authority determination letter to your return.                                  |                           |   |   |  |  |  |  |  |
|    | Check the applicable box if:   |                           |   |   |  |  |  |  |  |
| 1. | This is the first year you are making an election to treat in 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