

SAI TEJA GADDIPATI 1978 S 76TH ST WEST ALLIS

United States of America WISCONSIN, 53219

Dear SAI TEJA,

Enclosed please find two copies of your 2016 federal income tax return, which you prepared through Sprintax tax software.

File one copy with the Internal Revenue Service and retain the second copy for your records.

Tax Summary

Filing Status	Other single nonresident alien
Gross Income	\$33077
Federal Adjusted Gross Income	\$31977
Federal Taxable Income	\$21627
Amount You Owe	\$99

We have attached instructions detailing how to file your tax return with the IRS.

How much tax do I owe?

Your return shows a balance due of \$ 99. We have completed the Payment Voucher, form 1040-V and attached this to your return.

How do I make the payment?

To make payment, please include a check made payable to the "UNITED STATES TREASURY" for the amount of \$ 99. Write "2016 Form 1040NR" and 745-82-9273 on the back of the check, along with your full name.

The check should be included with your return but should not be stapled or otherwise attached.

Alternatively, you can pay the balance due by credit or debit card. Payment information and service providers are located at http://www.irs.gov/e-pay. If you pay by credit card before posting your return, please enter your confirmation number and the amount you were charged in the upper left corner of page 1 of Form 1040NR (or form 1040NR-EZ). Do not include the convenience fee in the amount you were charged.



How do I file my tax return?

Your tax return must be received by April 18th. We recommend you mail your federal return as soon as possible using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to:

Department of the Treasury Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303, USA



Federal Tax Return Checklist

1. Review and sign the following form(s) where indicated with a pen mark

Form	Action
1040NR	Sign on page 2
W8BEN	Sign on page 1 (if present)
8843	Sign on page 2 (if present)

2. Attach copies of all your income and tax withholding statements showing the US income sources you used to prepare your tax return:

Income Document	Quantity
W-2 form(s), Copy B *	3

^{* -} If there is a difference between copies B and C, please attach Copy C to your Federal tax return.

- 3. Confirm that the SSN on all your W2(s) is correct.
- 3.1. If you don't have your W2(s) or your SSN on your payment document(s) is incorrect, then you'll need to obtain a valid W2 from your employer(s).
 - 5. Your return shows a balance due of \$ 99. Please make a payment to the IRS as outlined in the cover letter.
- 6. We recommend you mail your federal return with all necessary supporting documents and attachments as soon as possible using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to:

Department of the Treasury Internal Revenue Service P.O. Box 1303

Charlotte, NC 28201-1303, USA



Federal Tax Return Frequently Asked Questions

How long will it take to process my US tax return?

The IRS will take between 4-6 weeks to process your return, however exact timelines are determined by the IRS.

What is the April 18th deadline?

The April 18th tax deadline is the date by which all tax returns must be filed for the previous year.

If you owe the IRS money and you don't file your tax return by April 18th, the US tax authorities will impose late filing penalties and interest on the amount you owe, so the sooner you submit your tax return, the better.

How do I know what's happening with my tax return?

You can check the status of your federal tax return at any time by using "Where's My Refund?", an interactive tool available at www.IRS.gov. You can also call the IRS TeleTax System at (800) 829-4477 or the IRS Refund Hotline at (800) 829-1954.

When you call the IRS or visit the website, you'll need the following:

- ▶ The first SSN/ITIN shown on your federal tax return. If you recently applied for an ITIN, you will need to wait for your ITIN notice in order to check your refund status online or you can just call with a copy of your tax return in front of you.
- Your filing status (as indicated at the top of your 1040NR/EZ, Filing status section)
- The exact amount of the refund shown on your federal return (\$amount of the refund)

What if I don't have a Social Security Number

If you never received a Social Security Number you'll need to organize a temporary number. This is called an Individual Taxpayer Identification Number (ITIN). If you did not apply for an ITIN within Sprintax, you can still apply for it at www.taxback.com/usa-ITIN-numbers.asp.

What is a W2 form?

The W2 form shows the amount of money you earned from that employer and the amount of tax you paid on that income. The W2 form is the official government form you receive from your employer(s) in January after the tax year ends. To claim your US tax refund, the IRS will need copies of your W2 form(s) or final payslips.

If you've misplaced your W2(s) / final payslips or never received it, you'll need to request a new one from your employer.

What is a 1042-S form?

If you've worked as a trainee, student, teacher or researcher in the US on a J or F visa, you might have received a 1042-S form instead of a W2 form.

It outlines income such as scholarships, fellowships, self-employment or grants and any income exempt from tax because of a tax treaty. We can use either the W2 or 1042-S to apply for your tax refund.

You should receive the 1042-S by mid-March of the year following the tax year



Federal Tax Return Frequently Asked Questions

What tax returns can I prepare through Sprintax?

With Sprintax, you can prepare your Federal and State tax returns, FICA tax claim and other required tax forms. Once your taxes are prepared, you will need to mail them to the IRS. Sprintax cannot e-file them for you or mail them to the IRS for you.

Can I use an international tax treaty?

Depending on your nationality and other conditions you may be able to claim a tax refund under international "tax treaties", which are agreements between the US and other countries that allow you to claim back tax you paid while working abroad.

Sprintax always checks if you're eligible for an international tax treaty when we prepare your US tax return. Your eligibility depends on factors like your nationality, length of stay, purpose of stay, type of income, your visa and other.

Could I owe money to the US tax authorities?

Depending on how your employer taxed you awhat the actual tax liability under the tax law is, you may owe tax or be due a tax refund. If you have a tax liability or if other particular factors apply, then you have an obligation to file a tax return. Sprintax takes into consideration all of these factors.

Remember, if you owe money and don't file your return before the April 18th deadline, you'll get penalties and fines added to the amount you owe.



FEDERAL TAX RETURN FOR SAI TEJA GADDIPATI 2016

FEDERAL FILING COPY

SIGN AND MAIL TO THE INTERNAL REVENUE SERVICE

2**○16** Form 1040-V 🖇



What Is Form 1040-V

It's a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2016 Form 1040, Form 1040A, Form 1040EZ, or Form 1040NR.

Consider Making Your Tax Payment Electronically—It's Easy

You can make electronic payments online, by phone, or from a mobile device. Paying electronically is safe and secure. When you schedule your payment you will receive immediate confirmation from the IRS. Go to IRS.gov/payments to see all your electronic payment options.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN).

If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order. If paying at IRS.gov don't complete this form.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to "**United States Treasury.**" Don't send cash. If you want to pay in cash, in person, see *Pay by cash*.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2016 Form 1040," "2016 Form 1040A," "2016 Form 1040EZ," or "2016 Form 1040NR," whichever is appropriate.

• To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Don't use dashes or lines (for example, don't enter "\$ XXX—" or "\$ XXX ××/100").

No checks of \$100 million or more accepted. The IRS can't accept a single check (including a cashier's check) for amounts of \$100,000,000 (\$100 million) or more. If you are sending \$100 million or more by check, you will need to spread the payments over two or more checks, with each check made out for an amount less than \$100 million.

Pay by cash. This is a new in-person payment option for individuals provided through retail partners with a maximum of \$1,000 per day per transaction. To make a cash payment, you must first be registered online at officialpayments.com/fed, our Official Payment provider.

How To Send In Your 2016 Tax Return, Payment, and Form 1040-V

- Don't staple or otherwise attach your payment or Form 1040-V to your return. Instead, just put them loose in the envelope.
- Mail your 2016 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

How To Pay Electronically

Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. You can pay using either of the following electronic payment methods. To pay your taxes online or for more information, go to *IRS.gov/payments*.

Direct Pay

Pay your taxes directly from your checking or savings account at no cost to you. You receive instant confirmation that your payment has been made, and you can schedule your payment up to 30 days in advance.

Debit or Credit Card

The IRS doesn't charge a fee for this service; the card processors do. The authorized card processors and their phone numbers are all on *IRS.gov/payments*.

Cat. No. 20975C Form **1040-V** (2016) **▼ Detach Here and Mail With Your Payment and Return ▼**

Form	1040-V		Pa	yment	Vo	ucher		OMB No. 1545-0074			
	artment of the Treasury nal Revenue Service (99)	►ı	Oo not staple or atta	ach this vou	ıcheı	r to your payment or return.		201	6		
	1 Your social security (if a joint return, SSN st 745-82-9273	r number (SSN) nown first on your return)	2 If a joint return, SSN on your return	N shown seco	nd	Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"		Dollars 99	Cents		
type	4 Your first name and	initial			Last	t name					
	SAI TEJA					GADDIPATI					
Print or	If a joint return, spo	use's first name and in	itial		Last	t name					
₫	Home address (number and street)				City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.						
	1978 S 76TH ST				WE	EST ALLIS, WISCONSIN 53219					
	Foreign country nar			Foreign province/state/county Foreign postal c							

U.S. Nonresident Alien Income Tax Return
► Information about Form 1040NR and its separate instructions is at www.irs.gov/form1040nr.
For the year January 1–December 31, 2016, or other tax year

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

beginning , 2016, and ending , 20

	Yourt	first name and initial		Last name				Identify	ıng nu	mber (see instr	uctions)
	SALT	ГЕЈА		GADDIPATI				745	-82-92	73	
Please print	l	nt home address (number, street, and a S 76TH ST	ıpt. no., or r	ural route). If you ha	ave a P.O.	box, see in	structions.	Check	f: X	Individual Estate or Trus	st
or type		own or post office, state, and ZIP code T ALLIS, WISCONSIN 53219	. If you have	e a foreign address,	also comp	lete space	s below (see in	struction	ıs).	-	
	Foreig	gn country name		Fo	oreign prov	ince/state/	county			Foreign pos	tal code
Filing Status		Single resident of Canada or N X Other single nonresident alie Married resident of Canada or N	า	_	5	Oth	rried residen er married n	onresio	lent al		ructions)
Check only one box.	If y	ou checked box 3 or 4 above, er	nter the in				(iii) Spous			·	
Exemptions	7a b	▼ Yourself. If someone can cla Spouse. Check box 7b only	if you ch	ecked box 3 or	4 above	and you	ır spouse di	d not	on 7	es checked a and 7b of children	1
		have any U.S. gross income Dependents: (see instructions)	(:	2) Dependent's entifying number	(3) Dep	endent's	(4) ✓ if qual child for chil	ifying d tax	on 7	c who: ed with you	0
If more than four dependents,		(1) First name Last name					credit (see i	nstr.)	you or s	not live with due to divorce separation (see tructions)	
see instructions.										endents on 7c entered above	
		Total number of exemptions clain							lines	numbers on above	1
Income Effectively Connected With U.S.	9a b 10a	Wages, salaries, tips, etc. Attach Taxable interest Tax-exempt interest. Do not incordinary dividends	 clude on li	 ne 9a		 9b 			8 9a 10a	330	
Trade/ Business	 b Qualified dividends (see instructions)								11 12		0
	 Business income or (loss). Attach Schedule C or C-EZ (Form 1040) Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here Other gains or (losses). Attach Form 4797										0
Attach Form(s) W-2, 1042-S, SSA-1042S,	16a	Other gains or (losses). Attach For IRA distributions	a	1	1 6b Taxa	ble amoun		ons)	15 16b 17b		
RRB-1042S, and 8288-A here. Also attach Form(s)	18 Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040)										
1099-R if tax was withheld.	20 Unemployment compensation								20 21		0
	23 Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income								23	330	77
Adjusted Gross	25	Educator expenses (see instruction Health savings account deduction Maying expenses Attack Form 6	n. Attach	Form 8889 .	[24 25 26	0				
Income	27	Moving expenses. Attach Form 3 Deductible part of self-employment ta Self-employed SEP, SIMPLE, an	x. Attach S	Schedule SE (Form	1040)	27 28	1100				
	30	Self-employed health insurance of Penalty on early withdrawal of sa	avings .			29 30	0				
	32	Scholarship and fellowship grant IRA deduction (see instructions) Student loan interest deduction (:	31 32 33	0 0				
	34 35	Domestic production activities d Add lines 24 through 34	eduction.	Attach Form 89	03 . :	34	0		35	110	
	36	Subtract line 35 from line 23. Thi	s is vour	adjusted gross	income				36	310	77

Form 1040NR (201	6)					Page	2
	37 Amount from line 36 (adjusted gro	ss income)			37	31977	_
Tax and	38 Itemized deductions from page 3				38	6300	_
Credits	39 Subtract line 38 from line 37				39	25677	_
					40	4050	_
	41 Taxable income. Subtract line 40				41	21627	_
	42 Tax (see instructions). Check if an	y tax is from: a \square Form(s) 8814 b	Form 4972	42	2780	_
	43 Alternative minimum tax (see ins		•		43	0	_
	44 Excess advance premium tax cred				44		_
	45 Add lines 42, 43, and 44				45	2780	_
	46 Foreign tax credit. Attach Form 11		46	o			_
	47 Credit for child and dependent care		47	0			
	48 Retirement savings contributions of		48	0			
	49 Child tax credit. Attach Schedule 8		49	0			
	50 Residential energy credits. Attach		50	0			
	51 Other credits from Form: a 38		51	0			
	52 Add lines 46 through 51. These are			-	52	0	
	53 Subtract line 52 from line 45. If line	_			53	2780	—
	54 Tax on income not effectively connected				54	0	—
Other	55 Self-employment tax. Attach Sche				55	0	—
Taxes	56 Unreported social security and Me			b □ 8919	56	0	—
	57 Additional tax on IRAs, other quali			· 	57	0	_
	58 Transportation tax (see instruction				58	0	_
	59a Household employment taxes from	,			59a	0	_
	b First-time homebuyer credit repay	` ,			59b		_
	60 Taxes from: a Form 8959 b				60	0	—
	61 Add lines 53 through 60. This is yo				61	2780	—
	62 Federal income tax withheld from:					2700	_
Payments	a Form(s) W-2 and 1099		62a	2681			
_	b Form(s) 8805		62b	0			
	c Form(s) 8288-A		62c	0			
	d Form(s) 1042-S		62d	0			
	63 2016 estimated tax payments and an		63	0			
	64 Additional child tax credit. Attach		64	0			
	65 Net premium tax credit. Attach Fo		65				
	66 Amount paid with request for exter		66	0			
	67 Excess social security and tier 1 RRTA		67	0			
	68 Credit for federal tax paid on fuels	,	68	0			
	69 Credits from Form: a 2439 b Reser		69	0			
	70 Credit for amount paid with Form		70	0			
	71 Add lines 62a through 70. These a		10		71	2681	
	72 If line 71 is more than line 61, subt		is the amour	nt vou overnaid	72	0	_
Refund	73a Amount of line 72 you want refund			·	73a	0	—
Direct deposit?	b Routing number	C Type:		ing Savings	, ou	0	—
See	d Account number						
instructions.	e If you want your refund check mailed to an	address outside the United States r	not shown on pa	age 1, enter it here.			
		. 444.000 0416.40 11.0 01.11.04 0141.00 1		ago 1, omo: 11 110.01			
	74 Amount of line 72 you want applied t	to your 2017 estimated tax ▶	74		-		
Amount	75 Amount you owe. Subtract line 71			instructions ►	75	99	
You Owe	76 Estimated tax penalty (see instruction		76				
Third Party	Do you want to allow another person to			tructions Y	es. Con	nplete below.	No
Designee	To you make to allow allowed person to	Phone		Personal id		_	_
	Designee's name ►	no. ▶		number (PI		<u> </u>	ᆜ
Sign Here	Under penalties of perjury, I declare that I have belief, they are true, correct, and complete. Dec						
Keen a convict	Your signature	1 = 1 1	cupation in the	1		sent you an Identity	
Keep a copy of this return for	<u> </u>					n PIN, enter it here	
your records.	P	04/04/2017 Studen	t	'	(300 11131.)		\neg
	Print/Type preparer's name F	Preparer's signature		Date	Ob - 1 F	PTIN	_
Paid					Check L self-empl	」 if oved	
Preparer	Firm's name ▶			Firm's EIN ▶	- J J.IIIPI	-,,	—
Use Only	Firm's address ▶			Phone no.			—

Form 1040NR (2016) Page 3 Schedule A—Itemized Deductions (see instructions) 07 **Taxes You** Paid State and local income taxes 1 Caution: If you made a gift and received a benefit in **Gifts** return, see instructions. to U.S. Gifts by cash or check. If you made any gift of \$250 or more, 2 **Charities** see instructions 2 Other than by cash or check. If you made any gift of \$250 or 3 more, see instructions. You must attach Form 8283 if the amount of your deduction is over \$500 3 Carryover from prior year 5 Add lines 2 through 4 5 Casualty and **Theft Losses** 6 Casualty or theft loss(es). Attach Form 4684. See instructions Unreimbursed employee expenses-job travel, union dues, Job job education, etc. You must attach Form 2106 or Form Expenses and Certain 2106-EZ if required. See instructions ▶ Miscellaneous 7 -----**Deductions** 8 Tax preparation fees 8 9 Other expenses. See instructions for expenses to deduct here. List type and amount ▶ 9 10 Add lines 7 through 9 10 11 Enter the amount from Form 1040NR, line 37 12 Multiply line 11 by 2% (0.02) 12 13 13 Subtract line 12 from line 10. If line 12 is more than line 10, enter -0-. Other—see instructions for expenses to deduct here. List type and amount ▶ 14 Other Miscellaneous ______ **Deductions** 14 Is Form 1040NR, line 37, over the amount shown below for the filing status box you 15 Total checked on page 1 of Form 1040NR: Itemized • \$311,300 if you checked box 6; **Deductions**

No. Your deduction is not limited. Add the amounts in the far right column for lines 1

Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the

instructions to figure the amount to enter here and on Form 1040NR, line 38.

\$259,400 if you checked box 1 or 2; or\$155,650 if you checked box 3, 4, or 5?

through 14. Also enter this amount on Form 1040NR, line 38.

15

Page 4

Form 1040NR (2016)

Schedule NEC - Tax on Income Not Effectively Connected With a U.S. Trade or Business (see instructions)

					Enter amoun	Enter amount of income under the appropriate rate of tax (see instructions)	r tne appro	priate rate u	ı tax (see	INSTRUCTIONS			
		Nature of income	income		7007	(F) 1602	2	7000		(b)	(d) Other (specify)	[\ \	
					(a)	<u>2</u>	~			0	%	%	\ \ \
-	Dividends paid by:												
æ	U.S. corporations			1a	a								
Q	Foreign corporations			1b	Q								
7	Interest:												
æ	Mortgage			2a	a								
Q	Paid by foreign corporations	orations		2b	Q								
ပ	Other				v								
က	Industrial royalties (p	ndustrial royalties (patents, trademarks, etc.)	, etc.)		-								
4	Motion picture or T.	Motion picture or T.V. copyright royalties		4	1								
2	Other royalties (cop.	Other royalties (copyrights, recording, publishing, etc.)	ublishing, etc.)										
9	Real property incorr	Real property income and natural resources royalties	rces royalties	• • • •									
7	Pensions and annuities.	ies sei		7									
œ	Social security benefits .	fits		• · · · · · · · · · · · · · · · · · · ·									
6	Capital gain from line 18 below	woled 81 e								0			
9	Gambling-Residen	ts of Canada only. Ei	Gambling—Residents of Canada only. Enter net income in column	nn (c).									
	If zero or less, enter -0	ir -0						_					
a	Winnings	0											
q	Losses				ဥ			0					
Ξ	Gambling winnings-	-Residents of counti	Gambling winnings - Residents of countries other than Canada.										
	Note: Losses not allowed	owed			0			0		0			
12	Other (specify) ▶												
				12	2								
13	Add lines 1a througl	Add lines 1a through 12 in columns (a) through (d)	hrough (d)				0	0		0		0	
4	Multiply line 13 by	Multiply line 13 by rate of tax at top of each column	f each column		0		0	0	-	0		0	1
15	Tax on income not e Form 1040NR, line 54	of effectively connected to 54	Tax on income not effectively connected with a U.S. trade Form 1040NR, line 54	de or business. Add	. Add columns	columns (a) through (d) of line 14. Enter the total here	of line 14.	Enter the	total her · ·	and on .	15	0	
			Capital Gains and Losses	and Losses	From Sales or	Exchanges of Property	of Prope	rt					
Enter only to losses from exchanges sources States an	Enter only the capital gains and losses from property sales or exchanges that are from sources within the difficulties of the sources and not effectively	16 (a) Kind of pr (if necessar) descriptive de	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	price	(e) Cost or other basis		(f) LOSS If (e) is more than (d), subtract (d) from (e)		(g) GAIN If (d) is more than (e), subtract (e) from (d)	
connecte Do not in	connected with a U.S. business. Do not include a gain or loss on												
alsposing property ii	lg of a U.S. real / interest; report these												
gains and lo (Form 1040).	gains and losses on Schedule D (Form 1040).												
Report exchang	Report property sales or exchanges that are effectively												
connects on Sche	connected with a U.S. business on Schedule D (Form 1040).	17 Add columns	Add columns (f) and (g) of line 16					· ·	17 (0	(0	
Form 47	Form 4797, or both.	18 Capital gain.	Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter	and (g) of line 17	7. Enter the net	gain here and or	n line 9 at	ove (if a lo	ss, enter	-0-) ▶	18	0	
											Form	Form 1040NR (2016))16)

Form 1040NR (2016) Page **5**

		Schedule OI – O	ther Information (se Answer all questions	e instructions)		
Α	Of what country or countries	were you a citizen or nation		INDIA		
В	In what country did you clair	m residence for tax purpose	es during the tax year?	INDIA		
С	Have you ever applied to be	a green card holder (lawful	I permanent resident) of t	the United States?	🗌 Yes	X No
D	Were you ever: 1. A U.S. citizen? 2. A green card holder (lawfulf you answer "Yes" to (1) or		e United States?			
E	If you had a visa on the las immigration status on the las	at day of the tay year E4	r your visa type. If you		-	
F	Have you ever changed your If you answered "Yes," indic	r visa type (nonimmigrant s ate the date and nature of	tatus) or U.S. immigration the change.	n status?	🗌 Y es	⊠ No
G	List all dates you entered an Note: If you are a resident of check the box for Canada	f Canada or Mexico AND c	ommute to work in the U	nited States at frequent	intervals,	
	Date entered United States mm/dd/yy	Date departed United State mm/dd/yy	Date	e entered United States mm/dd/yy	Date departed United S mm/dd/yy	tates
	01/01/2016					
H I	Give number of days (including 2014 365 2014 2014 365 2014 365 2014 365 2014 365 2014 365 2014 365 2014 365 2014 365 2014 365 2014 365 2014 365 2014 365 2014 365 2014 365 2014 2014 365 2014 365 2014 365 2014 365 2014 365 2014 2014 2014 2014 2014 2014 2014 2014	, 2015 365	, and 2016			□ No
J	Are you filing a return for a tr If "Yes," did the trust have U.S. person, or receive a con	rust?		es, make a distribution	🗌 Y es	
K	Did you receive total compet If "Yes," did you use an alter			oensation?		=
L	Income Exempt from Tax— foreign country, complete (1) 1. Enter the name of the co- benefit, and the amount of) through (3) below. See Pu	b. 901 for more informat reaty article, the number	ion on tax treaties. r of months in prior yea	ars you claimed the tre	eaty
	(a) Count	try	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exist income in current	
NDIA	A, Standard Deduction Allowed Unde	r U.S India Tax Treaty	21(2)	12	2	6300
(e)	Total. Enter this amount on	Form 1040NR, line 22. Do ı	not enter it on line 8 or lir	ne 12		6300
	 Were you subject to tax in Are you claiming treaty be If "Yes," attach a copy of 		etent Authority determin	ation?	□ Yes	_

Form **8843**

Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

OMB No. 1545-0074 201

Attachment Sequence No. 102

Department of the Treasury Internal Revenue Service

▶ Information about Form 8843 and its instructions is at www.irs.gov/form8843. For the year January 1—December 31, 2016, or other tax year

, 2016, and ending beginning , 20

Your U.S. taxpayer identification number, if any Your first name and initial Last name GADDIPATI 745-82-9273 SAI TEJA Fill in your Address in country of residence Address in the United States addresses only if C-16, A.P.BHAVAN, 1-ASHOKA ROAD 1978 S 76TH ST you are filing this WEST ALLIS, WI INDIA 110001 form by itself and **NEW DELHI** 53219 not with your tax return Part I General Information Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ► F1 08/22/2013 Current nonimmigrant status and date of change (see instructions) ► F1 Of what country were you a citizen during the tax year? INDIA 2 What country issued you a passport? INDIA 2015 365____ 2014 365 b Enter the number of days in 2016 you claim you can exclude for purposes of the substantial presence test ▶ 366 **Teachers and Trainees** Part II For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2016 ▶ For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2016 ► _____ ______ Enter the type of U.S. visa (J or Q) you held during: ▶ 2010 ____
2012 ____ 2013 ____ 2014 ____ 2015 ___ 2015 _____ . If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired. Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior If you checked the "Yes" box on line 8, you cannot exclude days of presence as a teacher or trainee unless you meet the Exception explained in the instructions. Students Part III Enter the name, address, and telephone number of the academic institution you attended during 2016 > UNIVERSITY OF HOUSTON, 4800 CALHOUN ROAD, HOUSTON, 77204, 7137431010 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2016 ► STEFAN JOHNSSON, 4800 CALHOUN ROAD, HOUSTON, TX, 77204, 7137431010 Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2010 _____ 2012 ____ 2013 _F1 ___ 2014 _F1 ___ 2015 _F1 2015 F1 . If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired. Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar If you checked the "Yes" box on line 12, you must provide sufficient facts on an attached statement to establish that you do not intend to reside permanently in the United States. During 2016, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status 13 in the United States or have an application pending to change your status to that of a lawful permanent If you checked the "Yes" box on line 13, explain ▶

14

Form 8843 (2016) Page **2**

Part	Professional Athletes
15	nter the name of the charitable sports event(s) in the United States in which you competed during 2016 and the dates ompetition
16	nter the name(s) and employer identification number(s) of the charitable organization(s) that benefited from the specient(s)
	ote: You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitarganization(s) listed on line 16.
Part 17a	Individuals With a Medical Condition or Medical Problem escribe the medical condition or medical problem that prevented you from leaving the United States ▶
b c 18	nter the date you intended to leave the United States prior to the onset of the medical condition or medical problem describent line 17a ▶
	Name of taxpayer
	as unable to leave the United States on the date shown on line 17b because of the medical condition or medical probescribed on line 17a and there was no indication that his or her condition or problem was preexisting.
	Name of physician or other medical official
	Physician's or other medical official's address and telephone number
Sign only i are filthis for	they are true, correct, and complete. they are true, correct, and complete.
itself not w	
your t	
- curi	Your signature Date

Form **8843** (2016)

Department of the Treasury Internal Revenue Service (99)

Moving Expenses

▶ Information about Form 3903 and its instructions is available at www.irs.gov/form3903.

OMB No. 1545-0074 2016 Attachment Sequence No. 170

► Attach to Form 1040 or Form 1040NR. Name(s) shown on return SAI TEJA GADDIPATI

Your social security number 745-82-9273

Transportation and storage of household goods and personal effects (see instructions)	Befo	Fore you begin: ✓ See the Distance Test and Time Test in the instructions to find out if you expenses.	ou can deduct	your moving
Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals		·		
include the cost of meals	1	Transportation and storage of household goods and personal effects (see instructions)	. 1	600
4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	2	, , , , , , , , , , , , , , , , , , , ,		500
not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	3	Add lines 1 and 2	. 3	1100
 No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. ✓ Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	4	not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of y	our	0
from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. X Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	Is line 3 more than line 4?		
1040NR, line 26. This is your moving expense deduction			ne 3	
	For P	Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 1249		1100 Form 3903 (2016



FEDERAL TAX RETURN FOR

SAI TEJA GADDIPATI

2016

YOUR COPY

RETAIN FOR YOUR RECORDS

20**16** Form 1040-V 🗱



What Is Form 1040-V

It's a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2016 Form 1040, Form 1040A, Form 1040EZ, or Form 1040NR.

Consider Making Your Tax Payment Electronically—It's Easy

You can make electronic payments online, by phone, or from a mobile device. Paying electronically is safe and secure. When you schedule your payment you will receive immediate confirmation from the IRS. Go to IRS.gov/payments to see all your electronic payment options.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN).

If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order. If paying at IRS.gov don't complete this form.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to "**United States Treasury.**" Don't send cash. If you want to pay in cash, in person, see *Pay by cash*.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2016 Form 1040," "2016 Form 1040A," "2016 Form 1040EZ," or "2016 Form 1040NR," whichever is appropriate.

• To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Don't use dashes or lines (for example, don't enter "\$ XXX—" or "\$ XXX ××/100").

No checks of \$100 million or more accepted. The IRS can't accept a single check (including a cashier's check) for amounts of \$100,000,000 (\$100 million) or more. If you are sending \$100 million or more by check, you will need to spread the payments over two or more checks, with each check made out for an amount less than \$100 million.

Pay by cash. This is a new in-person payment option for individuals provided through retail partners with a maximum of \$1,000 per day per transaction. To make a cash payment, you must first be registered online at officialpayments.com/fed, our Official Payment provider.

How To Send In Your 2016 Tax Return, Payment, and Form 1040-V

- Don't staple or otherwise attach your payment or Form 1040-V to your return. Instead, just put them loose in the envelope.
- Mail your 2016 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

How To Pay Electronically

Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. You can pay using either of the following electronic payment methods. To pay your taxes online or for more information, go to *IRS.gov/payments*.

Direct Pay

Pay your taxes directly from your checking or savings account at no cost to you. You receive instant confirmation that your payment has been made, and you can schedule your payment up to 30 days in advance.

Debit or Credit Card

WEST ALLIS, WISCONSIN 53219

Foreign province/state/county

The IRS doesn't charge a fee for this service; the card processors do. The authorized card processors and their phone numbers are all on IRS.gov/payments.

Form **1040-V** (2016) Cat. No. 20975C ▼ Detach Here and Mail With Your Payment and Return ▼ **Payment Voucher** OMB No. 1545-0074 ▶ Do not staple or attach this voucher to your payment or return. 1 Your social security number (SSN) 2 If a joint return, SSN shown second 3 Amount you are paying by check or Dollars Cents money order. Make your check o (if a joint return, SSN shown first on your return) on your return money order payable to "United States Treasury" 99 745-82-9273 4 Your first name and initial SAI TEJA **GADDIPATI** ō If a joint return, spouse's first name and initial Last name Home address (number and street) Apt. no. City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.)

1978 S 76TH ST

Foreign country name

Foreign postal code

Form 1040NR

U.S. Nonresident Alien Income Tax Return

► Information about Form 1040NR and its separate instructions is at www.irs.gov/form1040nr.

For the year January 1–December 31, 2016, or other tax year

OMB No. 1545-0074

Department of the Treesum
Department of the Treasury
Internal Revenue Service

beginning , 2016, and ending , 20

	Your first nan	ne and initial		Last name					Identify	ying nu	ımber (see inst	ructions)
	SAI TEJA			GADDIPATI					745	-82-92	273	
	Present home	e address (number, street, and a	ıpt. no., or r	ural route). If you	ı have a P.O. I	oox, se	ee instr	uctions.	Check i	if: 🛭	Individual	
Please print	1978 S 76T	TH ST									Estate or Tru	ıst
or type	City, town or	post office, state, and ZIP code	. If you have	e a foreign addre	ss, also comp	lete sp	oaces b	pelow (see in	struction	າຣ).		
	WEST ALL	IS, WISCONSIN 53219										
	Foreign coun	try name			Foreign prov	ince/st	tate/co	unty			Foreign pos	stal code
Filing	1 Sir	ngle resident of Canada or M	1exico or s	single U.S. nati	onal 4	П	Marrie	ed residen	t of Soi	uth Ko	orea	
Status		ber single nonresident alier		J	5	_		married n				
Otatus		rried resident of Canada or M		narried U.S. nat	ional 6	$\overline{\Box}$	Qualify	rina widow(e) with de	epende	ent child (see ins	tructions)
Check only	If you che	ecked box 3 or 4 above, er	nter the in	formation belo	ow.		,	3 (.	'			,
one box.		first name and initial		e's last name	-			(iii) Spous	e's iden	tifvina i	number	
	() -		() -					. , . , . , . , . , . , . , . , . , . ,		, ,		
Exemptions	7a 🛛 🗸	ourself. If someone can cla	im vou as	s a denendent	t do not ch	eck h	20x 7	<u> </u>		1		
		ouse. Check box 7b only	-								es checked 7a and 7b	1
		ve any U.S. gross income									of children	·
		ndents: (see instructions)	2) Dependent's	(3) Dep			(4) ✓ if qual	fying		7c who: red with vou	0	
If more	· · · · · · · · · · · · · · · · · · ·			entifying number	relations			child for chil	d tax		•	
If more than four	(i) i i i chame Last name							credit (see in	iou.)		d not live with u due to divorce	
dependents,								H		or	separation (see	
see instructions.								H			endents on 7c	
										not	entered above	
			ļ									
	d Total r	number of exemptions clai	med								d numbers on s above	1
_	8 Wages	s, salaries, tips, etc. Attach	Form(s)	W-2					i I	8	330	77
Income		ble interest								9a		
Effectively		xempt interest. Do not inc			1	T.						
Connected		•								10a		
With U.S. Trade/	10a Ordinary dividends									100		
Business	11 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)									11		0
Dusiness	12 Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)									12		0
	13 Business income or (loss). Attach Schedule C or C-EZ (Form 1040)									13		0
	13 Business income or (loss). Attach Schedule C or C-EZ (Form 1040)									14		
	15 Other gains or (losses). Attach Form 4797								_	15		
Attach Form(s) W-2, 1042-S,	16a IRA di	, ,	1			ble am	nount (s	see instructio		16b		
SSA-1042S,	16a IRA distributions16a16bTaxable amount (see instructions)17a Pensions and annuities17a17bTaxable amount (see instructions)								′ ⊢	17b		
RRB-1042S,		I real estate, royalties, part		trusts, etc. At			,		_ ′ ⊢	18		
and 8288-A here. Also		income or (loss). Attach Sc							_	19		
attach Form(s)										20		0
1099-R if tax was withheld.		income. List type and amo			-	•		• •	_	21		0
		come exempt by a treaty from		-	L (1)(e)	22						
		ine the amounts in the fa				h 21.	This	is your t o	otal			
	effect	ively connected income							•	23	330	77
A divisted	24 Educa	tor expenses (see instructi	ions) .		2	24						
Adjusted	25 Health	savings account deduction	n. Attach	Form 8889	🔀	25		0				
Gross	26 Movin	g expenses. Attach Form 3	3903 .		<u>_</u> 1	26		1100				
Income	27 Deduct	tible part of self-employment ta	x. Attach S	Schedule SE (Fo	rm 1040)	27						
	28 Self-e	mployed SEP, SIMPLE, an	d qualifie	d plans	2	28		0				
	29 Self-e	mployed health insurance	deductior	n (see instruct	ions)	29		0				
	30 Penalt	y on early withdrawal of sa	avings .		[30		0				
	31 Schola	arship and fellowship grant	s exclude	ed	[31		0				
	32 IRA de	eduction (see instructions)			🔀	32		0				
	33 Stude	nt loan interest deduction ((see instru	uctions)	🔀	33		0				
	34 Dome	stic production activities d	eduction.	Attach Form	8903 . 🔀	34		0				
	35 Add lin	nes 24 through 34								35	11	00
	36 Subtra	act line 35 from line 23. Thi	e ie vour	adiustad aro	ee incomo					36	210	77

Form 1040NR (20	6)					Pa	age 2
	37 Amount from line 36 (adjusted gro	oss income)			37	31977	
Tax and	38 Itemized deductions from page 3				38	6300	
Credits	39 Subtract line 38 from line 37				39	25677	
					40	4050	
	41 Taxable income. Subtract line 40	from line 39. If line 40	is more than line 39), enter -0	41	21627	
	42 Tax (see instructions). Check if ar	by tax is from: \mathbf{a}	Form(s) 8814 b	Form 4972	42	2780	
	43 Alternative minimum tax (see ins	-			43	0	
	44 Excess advance premium tax cree				44		
	45 Add lines 42, 43, and 44				45	2780	
	46 Foreign tax credit. Attach Form 1		1 1	ol			
	47 Credit for child and dependent care			0			
	48 Retirement savings contributions	· ·		0			
	49 Child tax credit. Attach Schedule			0			
	50 Residential energy credits. Attach			0			
	51 Other credits from Form: a 38			0			
	52 Add lines 46 through 51. These ar	-		-	52	o	
	53 Subtract line 52 from line 45. If lin	-			53	2780	
	54 Tax on income not effectively connecte				54	0	
Other	55 Self-employment tax. Attach Sche				55	- U	
Taxes	56 Unreported social security and Me			b □ 8919	56	0	
	57 Additional tax on IRAs, other qual				57	0	
	58 Transportation tax (see instruction	•			58	0	
	59a Household employment taxes from				59a	0	
	b First-time homebuyer credit repay				59b		
	60 Taxes from: a Form 8959 b				60	0	
	61 Add lines 53 through 60. This is ye			>	61	2780	
	62 Federal income tax withheld from					2.00	
Payments	a Form(s) W-2 and 1099		62a	2681			
	b Form(s) 8805			0	-		
	c Form(s) 8288-A			0	-		
	d Form(s) 1042-S			0	-		
	63 2016 estimated tax payments and ar			0	-		
	64 Additional child tax credit. Attach			0	-		
	65 Net premium tax credit. Attach Fo		\ <u> </u>	9	-		
	66 Amount paid with request for exte			0	-		
	67 Excess social security and tier 1 RRT.			0	-		
	68 Credit for federal tax paid on fuels			0	-		
	69 Credits from Form: a 2439 b Rese			0	-		
	70 Credit for amount paid with Form		70	0	-		
	71 Add lines 62a through 70. These a				71	2681	
	72 If line 71 is more than line 61, sub			t vou overnaid	72	0	
Refund	73a Amount of line 72 you want refun			· _	73a	0	
Direct deposit?	b Routing number			ng 🗌 Savings	7.50	0	
See	d Account number						
instructions.	e If you want your refund check mailed to a	n address outside the United	d States not shown on pa	ae 1. enter it here.			
	o ii you maiit your iotaina oncon maiica to ai	ruduroso odiolos ino orinio		.go 1, oo. 1. 110.01			
	74 Amount of line 72 you want applied	to vour 2017 estimated	I tax ▶ 74	I	-		
Amount	75 Amount you owe. Subtract line 71			instructions ►	75	99	
You Owe	76 Estimated tax penalty (see instruc		1 44 1				
Third Party	Do you want to allow another person to			ructions Y	es. Con	plete below.	No
Designee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Phone		Personal id		•	
	Designee's name ► number (PIN) ► number (PIN) ► Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge.						
Sign Here	belief, they are true, correct, and complete. Dec						
Keep a copy of	Your signature	Date	Your occupation in the l	Jnited States	f the IRS	sent you an Identity	•
this return for					Protection (see inst.)	PIN, enter it here	
your records.		04/04/2017	Student	'			
Doid	Print/Type preparer's name	Preparer's signature		Date	Check [] if PTIN	
Paid Preparer					oneck ∟ self-emplo		
Use Only	Firm's name ▶			Firm's EIN ▶			
OGO OTHY	Firm's address ►			Phone no.			

Form 1040NR (2016) Page 3 Schedule A—Itemized Deductions (see instructions) 07 **Taxes You** Paid State and local income taxes 1 Caution: If you made a gift and received a benefit in **Gifts** return, see instructions. to U.S. Gifts by cash or check. If you made any gift of \$250 or more, 2 **Charities** see instructions 2 Other than by cash or check. If you made any gift of \$250 or 3 more, see instructions. You must attach Form 8283 if the amount of your deduction is over \$500 3 Carryover from prior year 5 Add lines 2 through 4 5 Casualty and **Theft Losses** 6 Casualty or theft loss(es). Attach Form 4684. See instructions Unreimbursed employee expenses-job travel, union dues, Job job education, etc. You must attach Form 2106 or Form Expenses and Certain 2106-EZ if required. See instructions ▶ Miscellaneous 7 -----**Deductions** 8 Tax preparation fees 8 9 Other expenses. See instructions for expenses to deduct here. List type and amount ▶ 9 10 Add lines 7 through 9 10 11 Enter the amount from Form 1040NR, line 37 12 Multiply line 11 by 2% (0.02) 12 13 13 Subtract line 12 from line 10. If line 12 is more than line 10, enter -0- . Other—see instructions for expenses to deduct here. List type and amount ▶ Other Miscellaneous **Deductions** _____

Total Itemized Deductions

15

Is Form 1040NR, line 37, over the amount shown below for the filing status box you checked on page 1 of Form 1040NR:

• \$311,300 if you checked box 6;

• \$259,400 if you checked box 1 or 2; or

• \$155,650 if you checked box 3, 4, or 5?

No. Your deduction is not limited. Add the amounts in the far right column for lines 1 through 14. Also enter this amount on Form 1040NR, line 38.

Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter here and on Form 1040NR, line 38.

14

15

Page 4

Form 1040NR (2016)

د کے عب کے عال	Dividends paid by: U.S. corporations U.S. corporations Interest: Mortgage Paid by foreign corporations Other Other Other or T.V. copyright Other royalties (copyrights, recc Real property income and natur Pensions and annuities Social security benefits Capital gain from line 18 below Gambling—Residents of Canac		Nature of income		(a) 10%		ne under tne a	appropriate ra	(c) 30%	Enter amount of income under the appropriate rate of tax (see instructions) (d) Other	ns) (d) Other (specify)
C C B C B	paid by: vrations vrporations reign corputive (copy alties (copy erty incom and annuit from line from lin		Nature of income		(a) 10%	70		_	%0	(d) Other	r (specify)
ں مہ مہ	paid by: vrations vrporations vroyalties (copy auties (copy erty incom and annuit urity benef iin from line Resident less, ente						(b) 15%	(6)			
C Q B Q B	paid by: vrations vrporations reign corpc voyalties (p. ture or T. V. alties (copy erty incompand annuit beneliin from line from from line from from from from from from from from									% 0	%
a Q a Q Q	regions region corporations region corporations rulities (p. xture or T.V. altites (copy) enty incompenty incompenty incompenty benefin from line from line from line from line from line from line floss, ente										
.	riporations reign corporations royalties (p. ture or T.V. alties (copy) erty incompand annuit benefin from line from line from line fless, ente				1a						
m .Q .Q	reign corportions (p. 37) reign corportions (p. 37) rate or T.V. sulties (copy enty incompand annuith benefin from line from l				1b						
u Ω υ	reign corportory coyalties (posture or T.V. sture or T.V. alties (copy erty incommand annuit benefin from line from line from line fless, ente										
۵ ن	reign corpd oyalties (p ture or T.V alties (copy erty incommand annuiti and annuiti entry benef iin from line Resident less, ente			· · ·	2a						
O	oyalties (p :	orations			2b						
	oyalties (p ture or T.V. ulties (copy erty incomend annuiti unity benefin from line from line fess, ente				2c						
	ture or T.V. Itties (copy arty income and annuit benefin from line from line — Resident less, ente	atents,	Industrial rovalties (patents, trademarks, etc.)		က						
	ulties (copy early income and annuiti urity benel in from line —Resident	'. copyri	Motion picture or T.V. copyright royalties		4						
	arty income and annuiti urity benef in from line Resident	rights, r	Other royalties (copyrights, recording, publishing, etc.)		2						
	and annuiti urity benef in from line —Resident less, ente	e and no	Real property income and natural resources royalties		9						
	urity benefin from line—Resident	es .			7						
	in from line —Resident less, ente	its			8						
	-Resident less, ente	3 18 bel			6					0	
10 Gambling	less, ente	s of Cal	Gambling—Residents of Canada only. Enter net income in column (c).	nn (c).							
If zero or		r -0									
a Winnings		0									
p Losses		0			10c				0		
11 Gambling	winnings-	-Reside	Gambling winnings - Residents of countries other than Canada.								
Note: Los	Note: Losses not allowed	. pawc			11 (0			0	0	
12 Other (specify) ▶	cify) ▶										
	İ				12					-	
13 Add lines	1a through	12 in c	Add lines 1a through 12 in columns (a) through (d)		13	0	0		0	0	0
14 Multiply li	ne 13 by r	ate of t	Multiply line 13 by rate of tax at top of each column .		14	0	0		0	0	0
15 Tax on ir	Tax on income not eff	t effec	ively connected w	de or busines	s. Add column	s (a) throu	igh (d) of line 14.		Enter the total here	and on	C
), E		Capital Gains	and Lossas From		or Evolu	Sales or Exchanges of Droparty	· · · · · ·			D
			Capital Gaills	-		TYCIE TO THE	III Bes OI LI	oper ty		00010	
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively	tal gains and srty sales or are from the United effectively	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	te , yr.)	(d) Sales price	(e) Cost or other basis	or other iis	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
ted with include	. business.										
disposing of a	U.S. real										
gains and losses on Schedule D	port mese schedule D										
40).											
Report property sales or exchanges that are effectively	sales or effectively										
connected with a U.S. business on Schedule D (Form 1040),	s. business rm 1040),		Add columns (f) and (g) of line 16						. 11	0	0
Form 4797, or both.		18 C	Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter -0-)	and (g) of line	17. Enter the nε	et gain her	e and on line	9 above (if	a loss, er	nter -0-) ▶ 18	0

Form 1040NR (2016) Page **5**

	Schedule OI – Other Information (see instructions) Answer all questions
Α	Of what country or countries were you a citizen or national during the tax year? INDIA
В	In what country did you claim residence for tax purposes during the tax year? INDIA
С	Have you ever applied to be a green card holder (lawful permanent resident) of the United States?
D	Were you ever: 1. A U.S. citizen?
E	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	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?
G	List all dates you entered and left the United States during 2016 (see instructions). Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, check the box for Canada or Mexico and skip to item H
	Date entered United States mm/dd/yy Date departed United States mm/dd/yy Date entered United States mm/dd/yy Date entered United States mm/dd/yy Date departed United States mm/dd/yy
	01/01/2016
Н	Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2014 365 , 2015 365 , and 2016 366 .
I	Did you file a U.S. income tax return for any prior year?
J	Are you filing a return for a trust?
K	Did you receive total compensation of \$250,000 or more during the tax year?
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 article (c) Number of months claimed in prior tax years income in current tax year
NDI/	A, Standard Deduction Allowed Under U.S India Tax Treaty 21(2) 12 6300
7	
(e)	Total. Enter this amount on Form 1040NR, line 22. Do not enter it on line 8 or line 12
	2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?

Form **8843**

Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

OMB No. 1545-0074 2016

Attachment

Department of the Treasury

▶ Information about Form 8843 and its instructions is at www.irs.gov/form8843.

Sequence No. 102 For the year January 1—December 31, 2016, or other tax year , 2016, and ending beginning . 20 Internal Revenue Service Your U.S. taxpayer identification number, if any Your first name and initial Last name GADDIPATI 745-82-9273 SAI TEJA Fill in your Address in country of residence Address in the United States addresses only if C-16. A.P.BHAVAN. 1-ASHOKA ROAD 1978 S 76TH ST you are filing this WEST ALLIS, WI INDIA 110001 form by itself and **NEW DELHI** 53219 not with your tax return Part I General Information Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ► F1 08/22/2013 Current nonimmigrant status and date of change (see instructions) ► F1 Of what country were you a citizen during the tax year? INDIA 2 What country issued you a passport? INDIA 2015 365 2014 365 Enter the number of days in 2016 you claim you can exclude for purposes of the substantial presence test > 366 **Teachers and Trainees** Part II For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2016 ▶ For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2016 ▶ Enter the type of U.S. visa (J or Q) you held during:

2012

2014 2010 __ 2015 _____ . If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired. Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior If you checked the "Yes" box on line 8, you cannot exclude days of presence as a teacher or trainee unless you meet the Exception explained in the instructions. Students Enter the name, address, and telephone number of the academic institution you attended during 2016 ▶ UNIVERSITY OF HOUSTON, 4800 CALHOUN ROAD, HOUSTON, 77204, 7137431010 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2016 ► STEFAN JOHNSSON, 4800 CALHOUN ROAD, HOUSTON, TX, 77204, 7137431010 Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2010 2012 2013 F1 2014 F1 2015 F1 11 2015 F1 . If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired. Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar If you checked the "Yes" box on line 12, you must provide sufficient facts on an attached statement to establish that you do not intend to reside permanently in the United States. 13 During 2016, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status in the United States or have an application pending to change your status to that of a lawful permanent

14

If you checked the "Yes" box on line 13, explain ▶

Form 8843 (2016) Page 2

Note: You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable organization(s) listed on line 16. Part V Individuals With a Medical Condition or Medical Problem Describe the medical condition or medical problem that prevented you from leaving the United States > Enter the date you intended to leave the United States prior to the onset of the medical condition or medical problem described on line 17a > c Enter the date you actually left the United States > 18 Physician's Statement: I certify that Name of taxpayer was unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem described on line 17a and there was no indication that his or her condition or problem was preexisting. Name of physician or other medical official's signature Physician's or other medical official's signature Date Sign here only if you are filing this form by itself and not with your tax return Your signature Your signature O4.04.17 Date	Part	IV Professional Athletes	, 5
Enter the name(s) and employer identification number(s) of the charitable organization(s) that benefited from the sports event(s) Note: You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable organization(s) listed on line 16. Part V Individuals With a Medical Condition or Medical Problem 17a Describe the medical condition or medical problem that prevented you from leaving the United States b Enter the date you intended to leave the United States prior to the onset of the medical condition or medical problem described on line 17a c Enter the date you actually left the United States 18 Physician's Statement: I certify that	15	competition ▶	
Note: You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable organization(s) listed on line 16. Part V Individuals With a Medical Condition or Medical Problem 17a Describe the medical condition or medical problem that prevented you from leaving the United States b Enter the date you intended to leave the United States prior to the onset of the medical condition or medical problem described on line 17a c Enter the date you actually left the United States 18 Physician's Statement: I certify that Name of taxpayer was unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem described on line 17a and there was no indication that his or her condition or problem was preexisting. Name of physician or other medical official Physician's or other medical official's signature Date Sign here only if you are fling this form by itself and not with your tax return Your signature O4.04.17 Date	16	Enter the name(s) and employer identification number(s) of the charitable organization(s) the event(s) ▶	at benefited from the sports
b Enter the date you intended to leave the United States prior to the onset of the medical condition or medical problem described on line 17a ▶ c Enter the date you actually left the United States ▶ 18 Physician's Statement: I certify that	Part	Note: You must attach a statement to verify that all of the net proceeds of the sports event(s) wer organization(s) listed on line 16. Individuals With a Medical Condition or Medical Problem	re contributed to the charitable
b Enter the date you intended to leave the United States prior to the onset of the medical condition or medical problem described on line 17a c Enter the date you actually left the United States Physician's Statement: I certify that Name of taxpayer was unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem described on line 17a and there was no indication that his or her condition or problem was preexisting. Name of physician or other medical official Physician's or other medical official's address and telephone number Physician's or other medical official's signature Physician's or other medical official's signature Physician's or other medical official's signature Oate Sign here only if you are filing this form by itself and not with your tax return Your signature Your signature Date		Describe the medical condition or medical problem that prevented you from leaving the United St	tates >
b Enter the date you intended to leave the United States prior to the onset of the medical condition or medical problem described on line 17a ▶			
c Enter the date you actually left the United States ▶ 18 Physician's Statement: I certify that	h		
Represented the date you actually left the United States Physician's Statement: I certify that	D		or medical problem described
Name of taxpayer was unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem described on line 17a and there was no indication that his or her condition or problem was preexisting. Name of physician or other medical official Physician's or other medical official's address and telephone number Physician's or other medical official's signature Date Sign here only if you are filing this form by itself and not with your tax return Your signature O4.04.17 Date	С		
Name of taxpayer was unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem described on line 17a and there was no indication that his or her condition or problem was preexisting. Name of physician or other medical official Physician's or other medical official's address and telephone number Physician's or other medical official's signature Date Sign here only if you are filing this form by itself and not with your tax return Your signature O4.04.17 Date	18	Physician's Statement:	
Name of taxpayer was unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem described on line 17a and there was no indication that his or her condition or problem was preexisting. Name of physician or other medical official Physician's or other medical official's address and telephone number Physician's or other medical official's signature Date Sign here only if you are filing this form by itself and not with your tax return Your signature O4.04.17 Date			
Physician's or other medical official's address and telephone number Physician's or other medical official's address and telephone number Physician's or other medical official's signature Physician's or other medical official's signature Date Sign here only if you are filing this form by itself and not with your tax return Your signature Your signature O4.04.17 Date			
Physician's or other medical official's address and telephone number Physician's or other medical official's address and telephone number Physician's or other medical official's signature Date Sign here only if you are filing this form by itself and not with your tax return Your signature Name of physician or other medical official's address and telephone number Date Date O4.04.17 Date		was unable to leave the United States on the date shown on line 17b because of the medical	condition or medical problem
Physician's or other medical official's address and telephone number Physician's or other medical official's signature Date Sign here only if you are filing this form by itself and not with your tax return Your signature Physician's or other medical official's signature Date O4.04.17 Date		described on line 17a and there was no indication that his or her condition or problem was preexi	sting.
Physician's or other medical official's address and telephone number Physician's or other medical official's signature Date Sign here only if you are filing this form by itself and not with your tax return Your signature Physician's or other medical official's signature Date O4.04.17 Date			
Physician's or other medical official's signature Sign here only if you are filing this form by itself and not with your tax return Physician's or other medical official's signature Date Date Date O4.04.17 Date		Name of physician or other medical official	
Physician's or other medical official's signature Sign here only if you are filing this form by itself and not with your tax return Physician's or other medical official's signature Date Date Date O4.04.17 Date			
Sign here only if you are filing this form by itself and not with your tax return Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my knowledge and belief, they are true, correct, and complete. O4.04.17 Date		Physician's or other medical official's address and telephone number	
Sign here only if you are filing this form by itself and not with your tax return Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my knowledge and belief, they are true, correct, and complete. O4.04.17 Date		Physician's or other medical official's signature	Data
itself and not with your tax return Your signature 04.04.17 Date	only i	Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to they are true, correct, and complete.	
your tax return Your signature 04.04.17 Date	itself	and	
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	your t	ax	
FORM CHOSEN INCIDENT	return	Your signature	Date Form 8843 (2016)

Form **3903**

Department of the Treasury Internal Revenue Service (99)

Moving Expenses

► Information about Form 3903 and its instructions is available at www.irs.gov/form3903.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016
Attachment
Sequence No. 170

Name(s) shown on return

Your social security number

SAI	I TEJA GADDIPATI		745-82-927	73	
Befo	ore you begin: ✓ See the Distance Test and Time Test in the instructions to find out if you ca expenses.	n ded	uct your r	noving	
	✓ See Members of the Armed Forces in the instructions, if applicable.				
1	Transportation and storage of household goods and personal effects (see instructions)	1		600	
2	Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2		500	
3	Add lines 1 and 2	3		1100	
4	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4		0	
5	Is line 3 more than line 4?				
	No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.				
	X Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form				

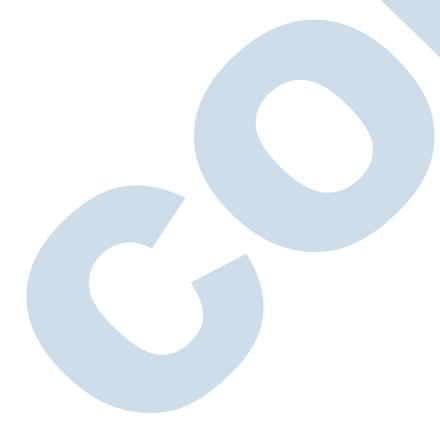
For Paperwork Reduction Act Notice, see your tax return instructions.

1040NR, line 26. This is your **moving expense deduction** .

Cat. No. 12490K

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1100 Form **3903** (2016)



Distance Test Worksheet for form 3903

Keep a Copy for Your Records

Name:	SAI TEJA GADDIPATI	 -	
SSN:	745-82-9273		
1. Distance	e from your old home to your new workplace	1161	miles
2. Distance	from your old home to your old workplace	12	miles
3. Subtract	line 2 from line 1. If zero or less, enter -0-	1149	miles

Is line 3 at least 50 miles?

X Yes. You meet this test.

No. You do not meet this test. You cannot deduct moving expenses. Do not complete Form 3903.

