

U.S. Nonresident Alien Income Tax Return

Go to www.irs.gov/Form1040NR for instructions and the latest information.
For the year January 1-December 31, 2019, or other tax year

OMB No. 1545-0074

2019Please print
or type

Your first name and middle initial

SMITA

Last name

VADNERE

Identifying number (see instructions)

913-73-8015

Present home address (number and street or rural route). If you have a P.O. box, see instructions.

43 MIDCREST CIRCLE

Apt. no.

Check if:

☒

Individual

☐

Estate or Trust

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

BRAMPTON

Foreign country name

CANADA

Foreign province/state/county

ON

Foreign postal code

L6Y0W6

Filing StatusCheck only
one box.1 ☐ Reserved2 ☒ Single nonresident alien3 ☐ Reserved4 ☐ Reserved5 ☐ Married nonresident alien6 ☐ Qualifying widow(er) (see instructions)

Child's name ▶

DependentsIf more
than four
dependents,
see instructions
and check
here. ☐

7 Dependents: (see instructions)

(1) First name Last name

(2) Dependent's
identifying number(3) Dependent's
relationship to you

(4) Check if qualifies for (see instr.):

Child tax credit

Credit for other dependents

Income Effectively Connected With U.S. Trade/BusinessAttach Form(s)
W-2, 1042-S,
SSA-1042S,
RRB-1042S,
and 8288-A
here. Also
attach Form(s)
1099-R if tax
was withheld.

8 Wages, salaries, tips, etc. Attach Form(s) W-2

9a Taxable interest

b Tax-exempt interest. Do not include on line 9a

9b

10a Ordinary dividends

b Qualified dividends (see instructions)

10b

11 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)

12 Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)

13 Business income or (loss). Attach Schedule C (Form 1040 or 1040-SR)

14 Capital gain or (loss). Attach Schedule D (Form 1040 or 1040-SR) if required. If not required, check here ☐

15 Other gains or (losses). Attach Form 4797

16a IRA distributions

16a

16b Taxable amount (see instr.)

17a Pensions, and annuities

17a

17b Taxable amount (see instr.)

18 Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040 or 1040-SR)

19 Farm income or (loss). Attach Schedule F (Form 1040 or 1040-SR)

20 Unemployment compensation

21 Other income. List type and amount (see instructions) NOL

22 Total income exempt by a treaty from page 5, Schedule OI, Item L (1(e)).

22

23 Combine the amounts in the far right column for lines 8 through 21. This is your total

effectively connected income

8

9a

10a

11

12

13

14

15

16b

17b

18

19

20

21

23

Adjusted Gross Income

24 Educator expenses (see instructions)

25 Health savings account deduction. Attach Form 8889

26 Moving expenses for members of the Armed Forces. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE (Form 1040 or 1040-SR)

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction (see instructions)

30 Penalty on early withdrawal of savings

31 Scholarship and fellowship grants excluded

32 IRA deduction (see instructions)

33 Student loan interest deduction (see instructions)

34 Add lines 24 through 33

35 Adjusted Gross Income. Subtract line 34 from line 23.

24

25

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27

28

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30

31

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34

35

Tax and Credits

36 Reserved for future use

37 Itemized deductions from page 3, Schedule A, line 8

38 Qualified business income deduction. Attach Form 8995 or Form 8995-A

39 Exemptions for estates and trusts only (see instructions)

10,697

0

10,697

0

2,139

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Tax and Credits (continued)	40	Add lines 37 through 39		40	2,139
	41	Taxable income. Subtract line 40 from line 35. If zero or less, enter -0-		41	8,558
	42	Tax (see instr.). Check if any is from Form(s): a <input type="checkbox"/> 8814 b <input type="checkbox"/> 4972 c <input type="checkbox"/>		42	858
	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	858
	46	Foreign tax credit. Attach Form 1116 if required	46		
	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)	49		
	50	Residential energy credit. Attach Form 5695	50		
	51	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	51		
	52	Add lines 46 through 51. These are your total credits	52		0
Other Taxes	53	Subtract line 52 from line 45. If zero or less, enter -0-		53	858
	54	Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule NEC, line 15		54	
	55	Self-employment tax. Attach Schedule SE (Form 1040 of 1040-SR)		55	
	56	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919		56	
	57	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		57	
	58	Transportation tax (see instructions)		58	
	59 a	Household employment taxes from Schedule H (Form 1040 or 1040-SR)		59a	
	59 b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required		59b	
	60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Instructions; enter code(s)		60	
	61	Total tax. Add lines 53 through 60.		61	858
Payments	62	Federal income tax withheld from:			
	a	Form(s) W-2 and 1099	62a		
	b	Form(s) 8805	62b		
	c	Form(s) 8288-A	62c		
	d	Form(s) 1042-S	62d		
	63	2019 estimated tax payments and amount applied from 2018 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)	66		
	67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67		
	68	Credit for federal tax paid on fuels. Attach Form 4136	68		
	69	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	69		
70	Credit for amount paid with Form 1040-C	70			
71	Add lines 62a through 70. These are your total payments		71	0	
Refund Direct deposit? See instructions.	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid		72	
	73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		73a	
	b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number <input type="text"/>			
	e	If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.			
Amount You Owe	74	Amount of line 72 you want applied to your 2020 estimated tax.	74		
	75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions.		75	858
Third Party Designee	76	Estimated tax penalty (see instructions)	76		
	Do you want to allow another person to discuss this return with the IRS? See instructions <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No				
Sign Here Keep a copy of this return for your records.	Designee's name Patricia A Strzepek		Phone no. 413-743-4933	Personal identification number (PIN) 4 2 2 2 1	
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Paid Preparer Use Only	Your signature 15979		Date 04-21-2020	Your occupation in the United States PTIN	
	Preparer's signature Patricia A Strzepek		Date 05-07-2020	Check <input type="checkbox"/> if self-employed P00142221	
	Print/Type preparer's name Patricia A Strzepek				
	Firm's name Midtown Tax and Bookkeeping Co Inc		Firm's EIN 27-1314771		
	Firm's address 44 Spring Street Adams, MA 01220		Phone no. 413-743-4933		

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

913-73-8015

SMITA VADNERE

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II **Income or Loss From Partnerships and S Corporations** - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198 (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	SHREE HOSPITALITY LLC	P	<input type="checkbox"/>	81-4191614	<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				12,829
B				
C				
D				
29a Totals				12,829
b Totals				
30 Add columns (h) and (k) of line 29a			30	12,829
31 Add columns (g), (i), and (j) of line 29b			31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31			32	12,829

Part III **Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34a Totals		
b Totals		
35 Add columns (d) and (f) of line 34a		35
36 Add columns (c) and (e) of line 34b		36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36		37

Part IV **Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below.				39

Part V **Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18	41	12,829
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Federal Supporting Statements**2019 PG01**

Name(s) as shown on return

SMITA VADNERE

Tax ID Number

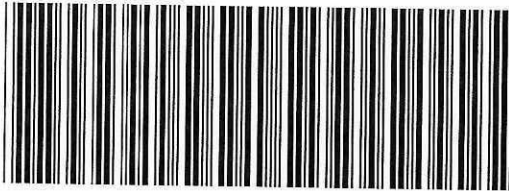
913-73-8015

FORM 1040NR - LINE 21 - NOL EXPLANATION

Statement #1

2018 NOL CF = \$2,132.

Total NOL deduction on line 21 = \$2,132.



2019 Form 1-NR/PY

MA19006011024

Massachusetts Nonresident/Part-Year Resident
Income Tax Return

For the year January 1-December 31, 2019 or other taxable

Year beginning

Ending

SMITA

VADNERE

913-73-8015

43 MIDCREST CIRCLE
ON

BRAMPTON
CANADA

L6Y0W6

Fill in if: ☒ Original return ☐ Amended return ☐ Amended return due to federal change

State Election Campaign Fund:

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle
or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Check one: ☒ Nonresident
☐ Part-year resident

☐ Filing as both nonresident and part-year resident
☐ Nonresident composite

a. Total federal income 10697
b. Federal adjusted gross income 10697

1. Filing status (select one only): ☒ Single
☐ Married filing jointly
☐ Married filing separate return
☐ Head of household

You are a custodial parent who has released claim to exemption for child(ren)
To

2. Part-year residents. Enter dates as Massachusetts resident: From

3. Total days as Massachusetts resident ÷ 365 = 3

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

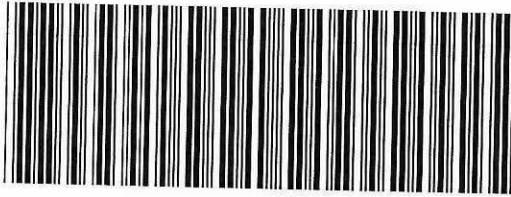
Date

Spouse's signature

Date

4138010127

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2019 Form 1-NR/PY, pg. 2

MA19006021024

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

913-73-8015

4. Exemptions:

a. Personal exemptions

b. Number of dependents. (Do not include yourself or your spouse.) Enter number

c. Age 65 or over before 2020 You + Spouse =

d. Blindness You + Spouse =

e. Medical/dental

f. Adoption

g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a

5. Wages, salaries, tips

6. Taxable pensions and annuities

7. Mass. bank interest: a. - b. exemption

8. Business/profession income/loss a. + b. Farming income/loss

9. Rental, royalty and REMIC, partnership, S corp., trust income/loss

10a. Unemployment

10b. Mass. lottery winnings

11. Other income

12. TOTAL 5.05% INCOME

13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact

Mass. amount is not known. Basis: working days miles sales other:

Working days (or other basis) outside Massachusetts

Working days (or other basis) inside Massachusetts

Total working days

Nonworking days (holidays, weekends, etc.)

Massachusetts ratio

Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2

Massachusetts income

4a

4400

X \$1,000 = 4b

X \$700 = 4c

X \$2,200 = 4d

4e

4f

4g

4400

5

6

= 7

= 8

9

12829

10a

10b

11

12

12829

13a

13b

13c

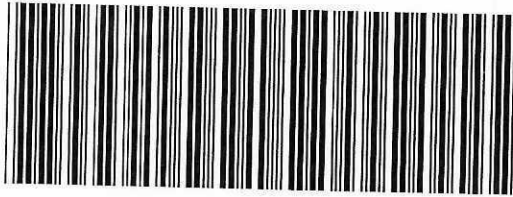
13d

13e

13f

13g

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2019 Form 1-NR/PY, pg. 3

MA19006031024

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

SMITA

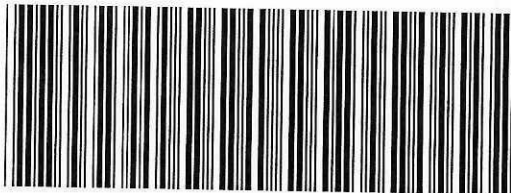
VADNERE

913-73-8015

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.05% income	14a	12829
b. Interest income	14b	
c. Total capital gain income	14c	
d. Total income this return	14d	12829
e. Non-Massachusetts source income. Not less than "0"	14e	
f. Total income	14f	12829
g. Deduction and exemption ratio	14g	1.0000
15a. Amount paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15a	
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	
16. Child under age 13, or disabled dependent/spouse care expenses	16	
17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/19, or disabled dependent(s) Not more than two. a. $\times \$3,600 = b.$ Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g	17	
18. Rental deduction. a.	$\div 2 = 18$	
Nonresidents, fill in if during 2019 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future		
19. Other deductions from Schedule Y, line 19	19	
20. Total deductions. Add lines 15 through 19	20	0
21. 5.05% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	21	12829
22. Exemption amount. a. 4400	22	4400
23. 5.05% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"	23	8429
24. INTEREST AND DIVIDEND INCOME	24	
25. TOTAL TAXABLE 5.05% INCOME. Add lines 23 and 24	25	8429
26. TAX ON 5.05% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	425

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2019 Form 1-NR/PY, pg. 4

MA19006041024

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

913-73-8015

27.	12% INCOME. Not less than "0."	a.	x .12 =	27	
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS				28
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28				
29.	Credit recapture amount (from Credit Recapture Schedule)				29
30.	Additional tax on installment sale				30
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32				
32.	TOTAL INCOME TAX. Add lines 26 through 30				32
33.	Limited Income Credit				33
34.	Income tax due to another state or jurisdiction				34
35.	Other credits (from Credit Manager Schedule)				35
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"				36
37.	Voluntary Contributions				
	a.	Endangered Wildlife Conservation		37a	
	b.	Organ Transplant Fund		37b	
	c.	Massachusetts Public Health HIV and Hepatitis Fund		37c	
	d.	Massachusetts U.S. Olympic Fund		37d	
	e.	Massachusetts Military Family Relief Fund		37e	
	f.	Homeless Animal Prevention and Care		37f	
	Total. Add lines 37a through 37f				37
38.	Use tax due on Internet, mail order and other out-of-state purchases				38
39.	Health care penalty a. You + b. Spouse				39
40.	Amended return only. Overpayment from original return				40
41.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40				41