## Submitting Your 2023 U.S. Tax documents



✓ Congratulations! Based on the info entered into GLACIER Tax Prep ("GTP"), you are due a tax refund!

Please note that it may take longer than 10 months **after you mail your tax return** to receive your refund. Check your tax refund status at <a href="https://www.irs.gov/Refunds">https://www.irs.gov/Refunds</a>. Please do NOT contact the **GTP** Support Center regarding your tax refund because we have no information about the status of your refund.

- ✓ You must PRINT, SIGN, and MAIL your Form 1040-NR and all required attachments. GTP WILL NOT submit your tax documents for you.
- ✓ Please handwrite your SIGNATURE and date your tax return DO NOT PRINT YOUR NAME. Your tax return is not considered valid until it contains a signature, not a printed name!
- ✓ Because you are due a refund, MAIL your signed and dated tax documents to the following address no street address is needed.

Department of the Treasury Internal Revenue Service Austin, TX 73301-0215 USA

Don't forget anything! Attach your documents in the following order:

First - Copy B of each Form W-2, attach to the front of Form 1040-NR

Then - Form 1040-NR

Then - Schedule OI - Other Information

Then - Form 8843

Note: If you received a Form 1095-B, 1095-C or 1098-T, do not attach it to your Form Form 1040-NR.

- ✓ Based on your situation, you MUST submit your signed and dated tax documents on or before April 15, 2024.
- ✓ MAKE and KEEP A COPY OF YOUR SIGNED AND DATED Form 1040-NR AND DOCUMENTS! You must keep the copy of your signed tax return and documents for three calendar years after the year in which you file. Keep the copy of your tax documents even after you leave the U.S., you may be asked to show proof that you complied with U.S. tax laws when applying for future entry to the U.S.
- ✓ You may also be required to file a STATE tax return for each state in which you lived or worked during 2023. GTP does not complete state tax forms; please review the tax information on the websites of the states in which you lived and/or worked during 2023 for more information.

THANK YOU for using GTP!

Please tell us what you think about GTP. Send your comments to help@glaciertax.com

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## Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan	. 1–Dec. 31, 2023, or other tax year beginning, 2023, ending, 20				20	See separate instructions.			
	r first name and middle initial Last name					Your i	Your identifying number (see instructions)		
Naushik	Naushik Ravikrindi				017	02	1501		
		per and street). If you have a P.O. berrace Dr Apt G	ox, see ins	structions.				•	Apt. no.
City, town, or po	Sity, town, or post office. If you have a foreign address, also complete spaces below.					ZIP code 28262			
Foreign country name  Foreign province/state/county  Foreign pos					postal c	ode			
Filing Status		Single Married filing se		,	ng surviving spouse (	. ,		state	☐ Trust
Check only one box.		If you checked the QSS box, enter the child's name if the qualifying person is a child but not your depend							
Digital Assets		ny time during 2023, did you: (a) re- erwise dispose of a digital asset (or						, exchar . $\square$	
<b>Dependents</b> (see instructions):		(1) First name Last nam	ne	(2) Dependent's identifying number	(3) Relationship to yo	(4) Check the box if qu Child tax credit		ا ر	fies for (see inst.): Credit for other dependents
If more than four									
dependents, see instructions and check here									
Income	1a	Total amount from Form(s) W-2, b	•	•					10098.00
Effectively	<b>b</b> Household employee wages not reported on Form(s) W-2							b	
Connected	<ul> <li>Tip income not reported on line 1a (see instructions)</li> <li></li></ul>								
With U.S.	d	• •		, ,	•		. 10 . 10		
Trade or	e f	•	Taxable dependent care benefits from Form 2441, line 26					f	
Business		f Employer-provided adoption benefits from Form 8839, line 29						g	
Attach	9 h							h h	
Form(s) W-2, 1042-S,	i Reserved for future use								
SSA-1042-S,	j Reserved for future use						. 1	i	
RRB-1042-S, and 8288-A here. Also	k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)								
attach	z							z	10098.00
Form(s) 1099-R if	2a							b	
tax was	3a							b	
withheld.	4a	IRA distributions	4a		able amount		. 4	b	
If you did not	5a Pensions and annuities 5a 0.00 b Taxable amount						_		0.00
get a Form W-2, see	6							<b>3</b>	
instructions.	7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here								0.00
	8								0.00 10098.00
	<ul> <li>Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income</li> <li>Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to</li> </ul>							<u>'</u>	10098.00
	10	income					. 10		0.00
	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>							1	10098.00
	12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)						ard eaty 1	2	13850.00
	13a	Qualified business income deduct	tion from F	orm 8995 or Form 8995-	A . <b>13a</b>				
	b	Exemptions for estates and trusts	only (see	instructions)	13b				
	С	Add lines 13a and 13b							
	<b>14</b> Add lines 12 and 13c							_	13850.00
	15	Subtract line 14 from line 11. If ze	ro or less	enter -0 This is your tax	cable income		. 1.1	5	0.00

Form 1040-NR (2	2023)							Page <b>2</b>	
Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): <b>1</b>	314 <b>2</b> 4	972 3 🗌		16	0.00	
Credits	17	Amount from Schedule 2 (Form 1040), lin	e3				17		
	18	Add lines 16 and 17					18	0.00	
	19	Child tax credit or credit for other depend	dents from Sched	ule 8812 (Form	1040)		19		
	20	Amount from Schedule 3 (Form 1040), lin	e8				20	0.00	
	21	Add lines 19 and 20					21	0.00	
	22	Subtract line 21 from line 18. If zero or les	ss, enter -0				22	0.00	
	23a	Tax on income not effectively connected	with a U.S. trade	or business fron	n				
		Schedule NEC (Form 1040-NR), line 15			23a	0.00			
	b	Other taxes, including self-employment t	ax, from Schedul	e 2 (Form 1040)	),				
		line 21			23b				
	С	Transportation tax (see instructions) .			23c				
	d	Add lines 23a through 23c					23d	0.00	
	24	Add lines 22 and 23d. This is your total to	ax	<u></u>	<u>.,.,</u>		24	0.00	
<b>Payments</b>	25	Federal income tax withheld from:							
-	а	Form(s) W-2			25a	214.78			
	b	Form(s) 1099			25b	0.00			
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	214.78	
	е	Form(s) 8805					25e		
	f	Form(s) 8288-A					25f		
	g	Form(s) 1042-S					25g	0.00	
	26	2023 estimated tax payments and amour	nt applied from 20	)22 return			26	0.00	
	27	Reserved for future use			27				
	28	Additional child tax credit from Schedule	8812 (Form 1040	)	28				
	29	Credit for amount paid with Form 1040-C			29				
	30	Reserved for future use			30				
	31	Amount from Schedule 3 (Form 1040), lin	e 15		31	0.00			
	32	Add lines 28, 29, and 31. These are your	total other paym	ents and refun	dable credits .		32	0.00	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32.	These are your to	otal payments			33	214.78	
Refund	34	If line 33 is more than line 24, subtract lin	e 24 from line 33.	This is the amo	ount you <b>overpaid</b>		34	214.78	
	35a	Amount of line 34 you want refunded to	<b>you</b> . If Form 8888	3 is attached, ch	neck here	🗆	35a	214.78	
Direct deposit?	b	Routing number 0 7 2 0 0 0 3 2 6 c Type: X Checking Savings							
See instructions.	d								
	е								
		enter it here.  6 Amount of line 34 you want <b>applied to your 2024 estimated tax</b>							
	36	Amount of line 34 you want applied to yo	our 2024 estimat	ed tax	36				
Amount	37	Subtract line 33 from line 24. This is the a	amount you owe						
You Owe		For details on how to pay, go to www.irs.	gov/Payments or	see instructions	3		37		
	38	Estimated tax penalty (see instructions)		<u></u>	38				
Third	Do yo	ou want to allow another person to discuss	this return with th	ne IRS? See inst	tructions. 🗌 <b>Y</b>	es. Comple	ete belov	w. 🗌 No	
Party	Designee's Phone Personal identifie						cation_		
Designee	name		no.		numb	er (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 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.								
Sign	Your	r signature Date Your occupation If the			IRS ser	nt you an Identity			
Here		9		Student		Prote	ection <u>Pl</u>	N, enter it here	
						(see	inst.)		
	Phone	e no.	Email address						
Paid	Prepa	arer's name Prepare	er's signature		Date	PTIN		Check if:	
								Self-employed	
Preparer	Firm's name Phone no						D		
Use Only Firm's address Firm's					Eirm'o El	NI			

## **SCHEDULE OI** (Form 1040-NR)

**Other Information** Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information. Answer all questions.

OMB No. 1545-0074 Attachment Sequence No. **7C** 

Department of the Treasury Internal Revenue Service

						Your identifying number 017021501			
Nau	Naushik Ravikrindi								
Α	Of what country or countries were you a citizen or national during the tax year? India								
В	In what country did you claim	n what country did you claim residence for tax purposes during the tax year? India  Have you ever applied to be a green card holder (lawful permanent resident) of the United States?							
С		green card holder (lawful p	ermanent residen	it) of the United States? .		∐ Yes	Ľ No		
D	Were you ever:					П <b>у</b>	× No		
	A U.S. citizen?						No No ⊠		
۷.		•				<u> </u>	□ NO		
Е	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.  If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S.								
_	immigration status on the last of	day of the tax year. F1 Stu	dent			_	_		
F	Have you ever changed your v If you answered "Yes," indicate	isa type (nonimmigrant stated the date and nature of the	tus) or U.S. immig e change:	gration status?		☐ Yes	× No		
G	List all dates you entered and	left the United States during	g 2023. See instru	uctions.					
	Note: If you're a resident of C								
	check the box for Canada or				☐ Mexico				
	Date entered United States mm/dd/yy	Date departed United State mm/dd/yy	es	Date entered United State mm/dd/yy		Date departed United State mm/dd/yy			
	33	12 14 2023							
Н	Give number of days (including 2021 0	vacation, nonworkdays, and , , 2022 3			_				
I	Did you file a U.S. income tax If "Yes," give the latest year an	return for any prior year? .				☐ Yes	× No		
J	Are you filing a return for a trus	st?				Yes	× No		
	If "Yes," did the trust have a l	J.S. or foreign owner unde	r the grantor trus	t rules, make a distribution	or loan to a	Yes	□No		
K							⊠ No		
							□ No		
L	Income Exempt From Tax-If	ncome Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign courcomplete (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.						t, and the		
	(a) Country (b) Tax treaty article (c) Number of months (d) Amount of exempt						mnt		
	(a) Country (b) Tax treaty article (c) Number claimed in pri				, ,	n current ta	•		
_	(e) Total. Enter this amount or						0.00		
	Were you subject to tax in a fo			. ,		∐ Yes	∐ No		
3.	Are you claiming treaty benefit					⊔ Yes	∐ No		
М	If "Yes," attach a copy of the C	competent Authority detern	nination letter to y	our return.					
	• •	Check the applicable box if: This is the first year you are making an election to treat income from real property located in the United States as effectively connecte					nnected		
	with a U.S. trade or business u	ınder section 871(d). See ir	structions				. 🗌		
2.	You have made an election in States as effectively connected								

8843

## **Statement for Exempt Individuals and Individuals** With a Medical Condition

For use by alien individuals only.

OMB No. 1545-0074

Attachment Sequence No. 102

Department of the Treasury Internal Revenue Service

beginning

Go to www.irs.gov/Form8843 for the latest information.

For the year January 1—December 31, 2023, or other tax year , 2023, and ending

Your first name and initial Last name Your U.S. taxpayer identification number (TIN), if any Naushik Ravikrindi 017021501 Fill in your Address in country of residence Address in the United States addresses only if you are filing this form by itself and not with your U.S. 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 12/29/2022 **b** Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions. Of what country or countries were you a citizen during the tax year? India 3a What country or countries issued you a passport? India b Enter your passport number(s): V7401348 4a Enter the actual number of days you were present in the United States during: 2022 <mark>3</mark> 2021 **0** 2023 348 Enter the number of days in 2023 you claim you can exclude for purposes of the substantial presence test: 348 Part II **Teachers and Trainees** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2023: For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2023: 2017\_\_\_ Enter the type of U.S. visa (J or Q) you held during: d during: 2017\_\_\_\_\_ 2018\_\_\_ 2021 2022 . If the type of visa you held during any 2020 of these years changed, attach a statement showing the new visa type and the date it was acquired. Were you exempt as a teacher, trainee, or student for any part of 2 of the preceding 6 calendar years (2017 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 2023: University of north Carolina at Charlotte 9201 University City Blvd Charlotte, NC 28223 704-687-8622 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated 10 in during 2023: Chau Tran University of north Carolina at Charlotte 9201 University City Blvd Charlotte, NC 28223 704-687-8622 Enter the type of U.S. visa (F, J, M, or Q) you held during:

2017

2020

2021

2022

E-1

If the 11 2018 2022 F-1 . If the type of visa you held during any 2020 2021 of these years changed, attach a statement showing the new visa type and the date it was acquired. 12 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 2023, 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 If you checked the "Yes" box on line 13, explain:

Form 8843 (2023) Page **2** 

Part	IV P	Professional Athletes	·
15	compe	the name of the charitable sports event(s) in the United States in which you competed during etition:	
16	Enter t	the name(s) and employer identification number(s) of the charitable organization(s) that be s):	nefited from the sports
Port	Note: \	You must attach a statement to verify that all of the net proceeds of the sports event(s) were corzation(s) listed on line 16.  ndividuals With a Medical Condition or Medical Problem	
17a		ibe the medical condition or medical problem that prevented you from leaving the United States.	
		structions.	
b		the date you intended to leave the United States prior to the onset of the medical condition or more 17a:	
С	Enter th	the date you actually left the United States:	
18		cian's Statement:	
10	Filysic	cian's Statement.	
	I certify	y thatName of taxpayer	
		nable to leave the United States on the date shown on line 17b because of the medical cond bed on line 17a and there was no indication that their condition or problem was preexisting.	ition or medical problem
		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
itself not w	f you ling orm by and	Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the beauthey are true, correct, and complete.	est of my knowledge and belief.
return		Your signature	Date