## Submitting Your 2017 U.S. Tax documents



- Congratulations! Based on the info entered into GLACIER Tax Prep ("GTP"), you are due a tax refund!
  In some cases, it may take up to 6 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 1040NR-EZ (your tax return) and all required attachments. Nonresident Aliens are not generally allowed to electronically file an income tax return. GTP WILL NOT submit your tax documents for you.
- Please put your SIGNATURE and date your tax return DO NOT PRINT YOUR NAME. Your tax return is not considered a valid tax return until it is signed with a signature, not 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 Center Austin, TX 73301-0215 USA

✓ Don't forget anything! Make sure you attach all the necessary documents in the following order:

FIRST - Copy B of each Form W-2 - attach to the front of Form 1040NR-EZ

THEN - Form 1040NR-EZ

THEN - Form 8843

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

- Based on your situation, you MUST submit your signed and dated tax documents on or before April 17, 2018.
- MAKE and KEEP A COPY OF YOUR SIGNED AND DATED Form 1040NR-EZ 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 return 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 2017. 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 2017 for more information.

THANK YOU for using GTP!

Please tell us what you think about GTP. Send your comments to help@glaciertax.com @ ARCTIC INTERNATIONAL LLC 2018. All rights reserved.

## Form 1040NR-EZ

## U.S. Income Tax Return for Certain Nonresident Aliens With No Dependents

OMB No. 1545-0074

**2017** 

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form1040NREZ for instructions and the latest information.

	Your first name and initial			Last name				Identifying number (see instructions)				
Please print	Ping		He				85	95222	217			
or type.		Present home address (number, street, and apt. no., or rural route). If you have a P.O. box, see instructions.										
See	5510 22ND AVE S											
separate	City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.											
instructions.	1041- MA 00400											
	Foreig	gn country name		Foreign pro	ovince/state/co	ounty	′	Fo	reign ¡	postal	code	
Filing Status	1 [	Single nonresident alien	2	Marrie	d nonresiden	ıt ali	⊇n					
Check only one box		On igio non coldent dilon		IVIGITION	4 110111 0014011	it and	511					
	3	Wages, salaries, tips, etc. At	tach Form(s	s) W-2				. 3			20637	46
	4 Taxable refunds, credits, or offsets							. 4			0	00
	5	Scholarship and fellowship g	grants. Attac	ch Form(s) 10	042-S or requ	uirec	d statement.	. 5			0	00
	6	Total income exempt by a trea	aty from pag	ge 2, Item J(1)	(e) .   6		5000 0	0				
	7	Add lines 3, 4, and 5						. 7			20637	46
Attach	8	Scholarship and fellowship gr			1	- 1	0 0	0				
Form(s)	9	Student loan interest deduct					0 0	0				
W-2 or	10	Subtract the sum of line 8 and				d gr	oss income	. 10	5		20637	46
1042-S	11	Itemized deductions (see in				_		. 11	ı		907	03
here.	12	Subtract line 11 from line 10	,						2		19730	43
Also attach	13	Exemption (see instructions)									4050	00
Form(s)	14	Taxable income. Subtract lin									15680	43
1099-R if	15	<b>Tax.</b> Find your tax in the tax					•	_	_		1885	_
tax was	16	Unreported social security a										
withheld.	17	Add lines 15 and 16. This is						17	_		1885	00
	18a	Federal income tax withheld	-			- 1	2445 0					
	b	Federal income tax withheld	•	•		_	0 0	_				
	19	2017 estimated tax payments an		` '		_	0 0	_				
	20	Credit for amount paid with I		•		_	0 0	_				
	21	Add lines 18a through 20. Th						21			2445	00
	22	If line 21 is more than line 17, su									560	_
Refund								23			560	
		23a Amount of line 22 you want refunded to you. If Form 8888 is attached, check here ▶ □ b Routing number 1 2 1 0 0 0 3 5 8 c Type: ★ Checking ■ Savings						а		360	00	
	b		0 6 0		1 1 7	√nec	KingSavir	igs				
Direct	d	Account number 3 2 5  If you want your refund che					itad Stataa n	ot				
deposit?	е	shown above, enter that add		io an addres	s outside th	e Oi	illed States III	OL				
See		Shown above, enter that add	iless liele.									
instructions.												
	0.4	A	!l	0401:11								
Amount	24	Amount of line 22 you want appli						0.0				
Amount You Owe	25	Amount you owe. Subtract line			1 '	1	e instructions	25	)			
	26	Estimated tax penalty (see inst	tructions) .		26	)						
Third	Do yo	u want to allow another person to c	discuss this re	eturn with the IF	RS? See instruc	ctions	s. 🗌 Yes. Co	mplete	the fo	llowing	j. 🗀	No
Party												
Designee	Design	nee's		Phone			Personal i		ation		$\neg \neg$	
	name			no. ►		1	number (P		<b>•</b>	<u></u>	<u> </u>	
Sign		penalties of perjury, I declare that I helief, they are true, correct, and accu										
Here	prepar	rer (other than taxpayer) is based on all	I information of	f which preparer	has any knowle	edge.				•		
		Your signature	1	Date				1				
Keep a copy of this return for		our signature		Date		on in t	he United States	If the I		you an lo	dentity Prot	tection
your records.	7		<u> </u>		Student	1-			see inst.)		$\Box$	
Paid	Print/Typ	pe preparer's name	Preparer's sig	gnature		D	ate	Check		PTIN		
Preparer -						Д,		self-em	ployed			
	Firm's na	ame ►					Firm's EIN ▶					
	Firm's ac	ddress ►					Phone no.					
										4040	AD ET	

Form 1040NR-EZ (2017) Page **2** 

	Schedule OI – Other In Answer	formation (see ins all questions	tructions)				
A	A Of what country or countries were you a citizen or national of	during the tax year?	China, People's Re	oublic of			
В	B In what country did you claim residence for tax purposes du	In what country did you claim residence for tax purposes during the tax year? China, People's Republic of					
С	Have you ever applied to be a green card holder (lawful permanent resident) of the United States?						
D	<ul> <li>Were you ever:</li> <li>1. A U.S. citizen?</li> <li>2. A green card holder (lawful permanent resident) of the If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for</li> </ul>	United States? .					
E	status on the last day of the tay year		did not have a visa, e	_			
F	F Have you ever changed your visa type (nonimmigrant status If you answered "Yes," indicate the date and nature of the continuous continuous transfer of the continuous continuous transfer or the continuous con	hanga	n status?	<del></del>			
G	G List all dates you entered and left the United States during 2 Note: If you are a resident of Canada or Mexico AND commintervals, check the box for Canada or Mexico and skip to	nute to work in the U	Inited States at freque				
	Date entered United States mm/dd/yy Date departed United States mm/dd/yy		red United States Date	departed United States mm/dd/yy			
			/	/ /			
		/	/	/ /			
	/ / / /	/	/	/ /			
Н	Give number of days (including vacation, non-workdays, an 2015 115 , 2016 366			red States during:			
I			 EZ	<del>-</del> -			
J	Income Exempt from Tax—If you are claiming exemption from complete (1) through (3) below. See Pub. 901 for more information.			eaty with a foreign country			
	<ol> <li>Enter the name of the country, the applicable tax to treaty benefit, and the amount of exempt income in the</li> </ol>						
	(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year			
	China, People's Republic of Artic	cle 20(C)	16	5000 00			
(e)	<ul><li>(e) Total. Enter this amount on Form 1040NR-EZ, line 6. Do not e</li><li>Were you subject to tax in a foreign country on any of</li></ul>			5000 00 Yes X No			
	3. Are you claiming treaty benefits pursuant to a Compet			· · · · Yes X No			

020620180003 Form **1040NR-EZ** (2017)

If "Yes," attach a copy of the Competent Authority determination letter to your return.

Form **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, 2017, or other tax year

, 2017, and ending

Your first name and initial Last name Your U.S. taxpayer identification number, if any Ping He 859522217 Fill in your Address in the United States Address in country of residence addresses only if you are filing this form by itself and not with your tax return Part I **General Information** 1a Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ► F1 09/08/2015 **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? China, People's Republic of 3a What country or countries issued you a passport? China, People's Republic of Enter your passport number(s) ► E24524637 **4a** Enter the actual number of days you were present in the United States during: 2016 **366** 2015 115 Enter the number of days in 2017 you claim you can exclude for purposes of the substantial presence test ▶ 365 Part II **Teachers and Trainees** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2017 ▶ For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2017 ► d during: ► 2011 \_\_\_\_\_ 2012 \_\_\_\_ 2015 \_\_\_\_ 2016 \_\_\_\_ . If the type of visa you held during any Enter the type of U.S. visa (J or Q) you held during: ▶ 2014 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 2017 ▶ University of California, Riverside Surge 321,900 University Avenue Riverside, CA 92521 10 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2017 ► David Hammel University of California, Riverside Surge 321,900 University Avenue Riverside, CA 92521 11 Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2012 2011 2014 \_\_\_\_\_ 2015 <u>F-1</u> 2016 F-1 . 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 2017, 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 ▶ \_\_\_\_\_ 14

Form 8843 (2017) Page **2** 

Part	IV Profes	sional Athletes						
15	competition	e of the charitable sports event(s) in the United States in which you competed during 2017 and the dates of						
16	Enter the name(s) and employer identification number(s) of the charitable organization(s) that benefited from the sports event(s)							
Pari	Note: You m organization(	ust attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable s) listed on line 16.						
17a	Describe the medical condition or medical problem that prevented you from leaving the United States ▶							
h		e you intended to leave the United States prior to the onset of the medical condition or medical problem described						
b		e you interided to leave the United States prior to the onset of the medical condition of medical problem described						
•								
С	Enter the dat	e you actually left the United States ▶						
18	Physician's	Statement:						
	I certify that							
		Name of taxpayer						
		to leave the United States on the date shown on line 17b because of the medical condition or medical problem 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 only i are fi this f itself not w	if you they ling orm by and vith	er penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my knowledge and belief, are true, correct, and complete.						
retur		Your signature Date						
		00.40						