Submitting Your 2019 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 https://www.irs.gov/Refunds. 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 (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

THEN - Form 1040NR

THEN - Form 8843

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

If you received a Form 1099, do not attach it your Form 1040NR.

- Based on your situation, you MUST submit your signed and dated tax documents on or before April 15, 2020.
- MAKE and KEEP A COPY OF YOUR SIGNED AND DATED Form 1040NR 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 2019. 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 2019 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 2020. All rights reserved.

1040-NR

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

2019

OMB No. 1545-0074

Department of the Treasury

Internal Revenue Service , 2019, and ending 20 beginning Your first name and middle initial Identifying number (see instructions) Last name Pathak 653250432 Proneet Present home address (number and street or rural route). If you have a P.O. box, see instructions. Apt. no. X Individual Please print 2614, 40 Newport Parkway Estate or Trust or type City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. Jersey City, NJ 07310 Foreign country name Foreign province/state/county Foreign postal code Reserved 4 Reserved **Filing** 2 X Single nonresident alien **5** Married nonresident alien **Status** 3 Reserved **6** Qualifying widow(er) (see instructions) Check only Child's name ▶ one box. 7 Dependents: (see instructions) (4) ✓ if qualifies for (see instr.): **Dependents** (2) Dependent's (3) Dependent's (1) First name identifying number relationship to you Child tax credit Credit for other dependents Last name If more than four dependents. see instructions and check here. 8 Wages, salaries, tips, etc. Attach Form(s) W-2 8 25406.85 Income Effectively **b Tax-exempt** interest. **Do not** include on line 9a . . . 9b Connected 10a With U.S. . . **b** Qualified dividends (see instructions) 10b Trade/ 11 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 11 0.00 **Business** 12 Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions) 12 0.00 0.00 13 Business income or (loss). Attach Schedule C (Form 1040 or 1040-SR) 13 14 Capital gain or (loss). Attach Schedule D (Form 1040 or 1040-SR) if required. If not required, check here 14 15 Attach Form(s) **16a** IRA distributions 16a **16b** Taxable amount (see instr.) 16b W-2, 1042-S, SSA-1042S. 17a Pensions and annuities . . . 17a 195.70 **17b** Taxable amount (see instr.) 17b 195.70 RRB-1042S, 18 Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040 or 1040-SR) 18 and 8288-A 19 Farm income or (loss). Attach Schedule F (Form 1040 or 1040-SR) 19 here. Also attach Form(s) 0.00 20 1099-R if tax 21 Other income. List type and amount (see instructions) 21 0.00 was withheld. 22 Total income exempt by a treaty from page 5, Schedule OI, item L (1(e)) | 22 Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income . 25602.55 24 Educator expenses (see instructions) 24 Adjusted 25 Health savings account deduction. Attach Form 8889 **Gross** 26 Moving expenses for members of the Armed Forces. Attach Form Income 0.00 27 Deductible part of self-employment tax. Attach Schedule SE (Form 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction (see instructions) . . . 29 **30** Penalty on early withdrawal of savings 0.00 **31** Scholarship and fellowship grants excluded . . . 31 32 IRA deduction (see instructions) 32 0.00 **33** Student loan interest deduction (see instructions) . . . 0.00 **34** Add lines 24 through 33 34 25602.55 35 **Adjusted Gross Income.** Subtract line 34 from line 23 35 36 36 Tax and 12200.00 **37 Itemized deductions** from page 3, Schedule A, line 8 37 Credits 38 Qualified business income deduction. Attach Form 8995 or Form 8995-A . 38

Exemptions for estates and trusts only (see instructions)

Form 1040-NR (2019) Page **2**

										$\overline{}$	$\overline{}$	
Tax and	40	Add lines 37 through 39							40		1220	0.00
Credits	41	Taxable income. Subtract line 4	0 from I	ine 35. If zero	or less, enter -0-		. <u>.</u>		41		1340	2.55
(continued)	42	Tax (see instr.). Check if any is fi			8814 b				42		141	7.00
(commuda)	43	Alternative minimum tax (see in							43			
	44	Excess advance premium tax cre		-					44			
	45	Add lines 42, 43, and 44							45		141	7.00
	46	Foreign tax credit. Attach Form	1116 if r	equired		46						
	47	Credit for child and dependent of	are exp	enses. Attach F	orm 2441 .	47						
	48	Retirement savings contributions	credit.	Attach Form 8	880	48						
	49	Child tax credit and credit for oth	ner depe	endents (see in	structions) .	49						
	50	Residential energy credits. Attac	h Form	5695		50						
	51	Other credits from Form: a	3800	b 🗌 8801 c []	51						
	52	Add lines 46 through 51. These a	are your	total credits					52			0.00
	53	Subtract line 52 from line 45. If z	ero or le	ess, enter -0-					53		141	7.00
Other	54	Tax on income not effectively co	nnecte	d with a U.S. tr	ade or business	from	page 4, Sched	dule				
Taxes		NEC, line 15							54		1	0.00
Idaes	55	Self-employment tax. Attach Sch	nedule S	SE (Form 1040	or 1040-SR)				55			
	56	Unreported social security and N							56			
	57	Additional tax on IRAs, other qua							57			
	58	Transportation tax (see instruction							58			
	59a	Household employment taxes from							59a			
		Repayment of first-time homebu							59b			
		Taxes from: a Torm 8959 b							60			
	61	Total tax. Add lines 53 through	30					•	61		141	7.00
Payments	62	Federal income tax withheld from										
rayinents	a	Form(s) W-2 and 1099				62a	249	4.39				
		Form(s) 8805				62b						
		Form(s) 8288-A				62c						
		Form(s) 1042-S				62d		0.00				
		2019 estimated tax payments ar				63		0.00				
	64	Additional child tax credit. Attacl				64						
	65	Net premium tax credit. Attach F				65						
	66	Amount paid with request for ex				66						
	67	Excess social security and tier 1		,	,	67						
	68	Credit for federal tax on fuels. At				68						
	69	Credits from Form: a 2439 b				69						
		Credit for amount paid with Forn				70						
		Add lines 62a through 70. These							71		249	4.39
Defund		If line 71 is more than line 61, su							72			7.39
Refund		Amount of line 72 you want refu							73a			7.39
Direct deposit?		1		3 2 2		Chec		nas	, Gu			1.00
See		Account number 4 8 3 (4 3 8							
instructions.		If you want your refund check mailed to				wn on	 page 1_enter it h	nere				
	•	in you want your relating officer mailed t	o an adai	ood outoido tiio o	iniou otatoo not ono		page 1, enter it i	.0.0.				
	74	Amount of line 72 you want appl	ied to v	our 2020 estir	nated tax	74	T					
Amount		Amount you owe. Subtract line					e instructions		75			
You Owe		Estimated tax penalty (see instru				76			70			
		you want to allow another person	-				uctions DV	'AS (Comple	te heli		No
Third Party		gnee's	to dioot	Phone	With the Into. 666	, 111011	Personal				,,,,	
Designee	nam	ē ▶		no. ►			number (F	PIN)	▶			
Sign Here	Und	er penalties of perjury, I declare that I havef, they are true, correct, and complete. D	eclaration	ned this return and	accompanying sche	dules a	and statements, a	nd to	the best	of my l	knowledg	ge and edge
		r signature		Date	Your occupation in			1	the IRS se			
Keep a copy of this return for	. 501				. 55 55549411011111			Pr	otection I			
your records.					Student			(S	ee instr.) [$\neg \neg$	$\neg \neg$	
	Print	t/Type preparer's name	Prenare	r's signature	<u> </u>	T r	Date	<u> </u>		PTIN		
Paid		, po proparor o namo	, roparei	- Jognature		'		Chec self-	ck if employed			
Preparer	Firm	's name ▶					Firm's EIN ►		, ,,,			
Use Only		's address ▶										
ı	1.111111	o auultoo 🚩					Phone no.					

Schedule A—Itemized Deductions (see instructions) 07 **Taxes You** State and local income taxes 1 Paid 12200.00 State and local income taxes 1a U.S.-India Income Tax Treaty, Article 21 Enter the smaller of line 1a and \$10,000 (\$5,000 if box 5 is checked) 1b 12200.00 **Gifts** 2 Gifts by cash or check. If you made any gift of \$250 or more, see to U.S. 2 **Charities** Other than by cash or check. If you made any gift of \$250 or more, Caution: If you see instructions. Individuals must attach Form 8283 if line 3 is over made a gift 3 and received a benefit in return, see Carryover from prior year 4 instructions. 5 Add lines 2 through 4 5 0.00 Casualty 6 Casualty and theft loss(es) from a federally declared disaster (other than net qualified and Theft disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See Losses 6 Other—from list in instructions. List type and amount ▶ Other Itemized **Deductions** 7 Total Itemized Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on 8 **Deductions** 12200.00 8

031720200826 Form **1040-NR** (2019)

		Schedule NEC – I ax on Income Not Effe	ectively (Jonn		S. I rade or Bus	,	,		
		Nature of income			Linter amount of in	Come under the app		(d) Other (specify)		
		Nataro di modinio		(a) 10%		(b) 15%	(c) 30%	0 %	0 %	
1	Dividends and divide	end equivalents:								
а	Dividends paid by U.	·		1a	0.00	0.00	0.00	0.00	0.00	
b		reign corporations		1b						
С	Dividend equivalent	t payments received with respect to section	871(m)							
	transactions			1c						
2	Interest:									
а	Mortgage			2a						
b	Paid by foreign corp	orations		2b						
С				2c	0.00	0.00	0.00	0.00	0.00	
3		patents, trademarks, etc.)		3						
4		V. copyright royalties		4						
5		rights, recording, publishing, etc.)		5						
6		e and natural resources royalties		6						
7		ies		7						
8		fits		8						
9		e 18 below		9	0.00	0.00	0.00	0.00	0.00	
10	-	ts of Canada only. Enter net income in column (c).								
	If zero or less, ente									
а	Winnings									
b	Losses			10c						
11		-Residents of countries other than Canada.								
		owed		11						
12	Other (specify) ►									
				12						
13	_	n 12 in columns (a) through (d)		13	0.00	0.00	0.00		0.00	
14		rate of tax at top of each column		14	0.00		0.00		0.00	
15		t effectively connected with a U.S. trade or bu			. ,	` '				
	1040-NR, line 54			• • •				🕨 15	0.00	
		Capital Gains and	Losses F	rom	Sales or Exchai	nges of Propert	у		T	
losses	nly the capital gains and from property sales or	16 (a) Kind of property and description	(b) Date acqu	uired	(c) Date sold	(-I) O-li	(e) Cost or	(f) LOSS	(g) GAIN	
	ges that are from within the United	(if necessary, attach statement of descriptive details not shown below)	(mo., day, y	yr.)	(mo., day, yr.)	(d) Sales price	other basis	If (e) is more than (d), subtract (d) from (e)	If (d) is more than (e), subtract (e) from (d)	
States	and not effectively ted with a U.S. business.							(2)	(2)	
Do not	include a gain or loss on									
propert	ng of a U.S. real y interest; report these									
gains a	nd losses on Schedule D 040 or 1040-SR).									
Report	property sales or									
exchan	ges that are effectively ted with a U.S. business	47. Add columns (f) and (a) of line 40.					1.7	/	0.00	
on Sch	edule D (Form 1040 or	() (8)						<u>(()</u> r -0-) . ▶ 18	0.00	
1040-51	R), Form 4797, or both.	18 Capital gain. Combine columns (f) and (g)	j oi iine 17	. ⊏nte	r the het gain here	and on line 9 abo	ve (ii a ioss, entei	r -0-) . ▶ 18	0.00	

		Sc	hedule OI – Othe Ans	er Information (swer all questions	see instruct	ions)			
Α		Of what country or countries were yo			ear? India				
В		In what country did you claim resider			ar? India				
С		Have you ever applied to be a green						Yes	× No
D		Were you ever:			,				
	1.	A U.S. citizen?						Yes	× No
2	2.	A green card holder (lawful permane	nt resident) of the Ur	nited States? .				Yes	⊠ No
		If you answer "Yes" to (1) or (2), see							
Е		If you had a visa on the last day of				-	er your U.S.		
		immigration status on the last day of		E1 Student					
F		Have you ever changed your visa typ			ration status?			Yes	X No
		If you answered "Yes," indicate the o							
G		List all dates you entered and left the	United States durin						
		Note: If you are a resident of Canada	a or Mexico AND cor	mmute to work in t	he United Sta	tes at frequen	t intervals,		
		check the box for Canada or Mexic	co and skip to item I	1	[Canada	Mexico		
			parted United States		Date entered			ed United S	tates
		mm/dd/yy	mm/dd/yy		mm/c	ld/yy	mr	n/dd/yy	
		/ / 08	/ 13 / 2019		/	/	/	/	
		09 / 06 /2019 12	/ 28 / 2019		/	/	/	/	
		/ /	/ /		/	/	/	/	
		/ /	/ /		/	/	/	/	
Н		Give number of days (including vaca	tion, nonworkdays, a	and partial days) ye	ou were prese	nt in the Unite	ed States du	ring:	
		2017 0, 20	18 137	, and 20)19 <u>339</u>		•		
I		Did you file a U.S. income tax return						X Yes	☐ No
		If "Yes," give the latest year and form	n number you filed .	► <u>2018</u> F	orm 1040NR	l-EZ			
J		Are you filing a return for a trust? .						☐ Yes	⋉ No
		If "Yes," did the trust have a U.S. or							_
		U.S. person, or receive a contribution							∐ No
K		Did you receive total compensation of		-					⊠ No
		If "Yes," did you use an alternative m							□ No
L		Income Exempt from Tax—If you a complete (1) through (3) below. See I				.S. income ta	x treaty wit	h a foreign	country
•	1.	Enter the name of the country, the at the amount of exempt income in the					u claimed th	e treaty be	nefit, and
					(c) Nun	nber of months	(d) Ar	mount of exe	empt
		(a) Country		(b) Tax treaty art		n prior tax yea		in current ta	ax year
		(e) Total. Enter this amount on Fo				12 🕨		_	0.00
		Were you subject to tax in a foreign of						☐ Yes	∐ No
;	3.	Are you claiming treaty benefits purs	•	•					☐ No
		If "Yes," attach a copy of the Compe	tent Authority detern	mination letter to y	our return.				
М		Check the applicable box if:							
	1.	This is the first year you are making a with a U.S. trade or business under s			roperty located			effectively co	onnected ► □
2	2.	You have made an election in a pre- States as effectively connected with					l property lo	ocated in th	ne United ► □

031720200826 Form **1040-NR** (2019)

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 Your first name and initial

beginning

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

For the year January 1—December 31, 2019, or other tax year , 2019, and ending

Last name

, 20 Your U.S. taxpayer identification number, if any

Prone	eet	Pathak		653250432
you at form I not w return	sses only if re filing this by itself and ith your tax	Address in country of residence	Address in the U	nited States
Part	Genera	I Information		
1a	Type of U.S. v	risa (for example, F, J, M, Q, etc.) and date you ent	tered the United Stat	tes F1 08/17/2018
b	Current nonim	nmigrant status. If your status has changed, also e	nter date of change	and previous status. See instructions.
	F1 Student			
2	Of what count	try or countries were you a citizen during the tax ye	ear? India	
3a	What country	or countries issued you a passport? India		
b	Enter your pas	ssport number(s) Joodogoo		
4a		al number of days you were present in the United	States during:	
	2019_339	2018 <u>137</u> 2017 <u>0</u>		000
		ber of days in 2019 you claim you can exclude for	purposes of the sub	ostantial presence test > 339
		rs and Trainees		
5	For teachers,	enter the name, address, and telephone number o	of the academic instit	tution where you taught in 2019 ►
6		enter the name, address, and telephone number		
		ed in during 2019 ▶		
7	Enter the type	of U.S. visa (J or Q) you held during: 2016 2017 2017	2013	2014
	2015	2016 2017	2018 . If	the type of visa you held during any
	of these years	changed, attach a statement showing the new vis	sa type and the date	it was acquired.
8	Were you pre	esent in the United States as a teacher, trainee,	, or student for any	part of 2 of the 6 prior
	calendar years	s (2013 through 2018)?		Yes . No
		d the "Yes" box on line 8, you cannot exclude day	ys of presence as a	teacher or trainee unless
		Exception explained in the instructions.		
Part				
9	Enter the nam	e, address, and telephone number of the academi	ic institution you atte	ended during 2019 ►
	212-998-4720	iversity 383 Lafayette Street, 3rd floor New York, N	NT 10003	
10		, ne, address, and telephone number of the director		
10	!l! 0040	Thomas Sirinidas		
	New York Un	iversity 383 Lafayette Street, 3rd floor New York, N	NY 10003	
	212-998-4720			
11	Enter the type	of U.S. visa (F, J, M, or Q) you held during: ►	2013	2014
	2015	2016 2017		the type of visa you held during any
	of these years	changed, attach a statement showing the new vis	sa type and the date	it was acquired.
12		sent in the United States as a teacher, trainee, or		
	-			
		ed the "Yes" box on line 12, you must provide s		in attached statement to
		you do not intend to reside permanently in the Uni		
13		did you apply for, or take other affirmative steps t		
		States or have an application pending to change		
14	If you chooked	e United States?		Yes ⊠No
1-7	ii you checked	d the "Yes" box on line 13, explain ▶		

Form 8843 (2019) Page **2**

Professional Athletes
nter the name of the charitable sports event(s) in the United States in which you competed during 2019 and the dates of ompetition ▶
nter the name(s) and employer identification number(s) of the charitable organization(s) that benefited from the sports vent(s) ▶
ote: You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable rganization(s) listed on line 16. Individuals With a Medical Condition or Medical Problem
escribe the medical condition or medical problem that prevented you from leaving the United States
nter the date you intended to leave the United States prior to the onset of the medical condition or medical problem described n line 17a ▶
nter the date you actually left the United States ▶
hysician's Statement:
certify that
Name of taxpayer
ras unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem escribed 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
Dhusisian's au athau madiael officialla aignetura
Physician's or other medical official's signature Date 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. In by d
Your signature Date