Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2024 OMB No. 1545-0074

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

For the year Jan	. 1–0	Dec. 31, 2024, or other tax year begi	nning	, 2024,	ending	,	20		See separate instructions.
Your first name and middle initial				Last name					ifying number
						(see	instruc	tions)	
Home address (numl	ber and street). If you have a P.O. be	ox, see ins	structions.					Apt. no.
City town or n	t	ffice. If you have a fareign address.	alaa aamar	olote anagae balaw		Ctoto		710	landa
City, town, or po	ity, town, or post office. If you have a foreign address, also complete spaces below. State							ZIP	code
Foreign country name Foreign province/state/county Foreign po						postal	code		
. o. o.g oo a y			1.0.0.9	p. 6 6 6 6 6		. c. c.g	poota.		
Filing									
Status	☐ Single ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) ☐ Estate ☐ True of the QSS box, enter the child's name if the qualifying person is a child but not your dependent:								
Check only	IT	you checked the QSS box, enter the	e chila's n	ame if the qualifying pers	son is a child but not	your dep	enaeni	:	
one box.									
Digital Assets		ny time during 2024, did you: (a) red							
	otne	erwise dispose of a digital asset (or	a financiai	Interest in a digital asset)? (See instructions.)	-			☐ Yes ☐ No
Dependents (see instructions):				(2) Dependent's				ĺ	ualifies for (see inst.): Credit for other
		(1) First name Last name		identifying number	(3) Relationship to yo	ou Ch	ld tax c	redit	dependents
If more than four									
dependents, see							<u> </u>		
instructions and check here							- -		
 _	10	Total amount from Form(s) W-2, b	ov 1 (000	inatruationa)			Н,	10	
Income Effectively	1a h	• • • • • • • • • • • • • • • • • • • •	•	,				1a 1b	
Connected	c	b Household employee wages not reported on Form(s) W-2							
With U.S.	d								
Trade or	е								
Business	f Employer-provided adoption benefits from Form 8839, line 29							1f	
Attach	g	Wages from Form 8919, line 6 .						1g	
Form(s) W-2,	h	n Other earned income (see instructions)						1h	
1042-S,	i								
SSA-1042-S, RRB-1042-S,	J	Reserved for future use						1j	
and 8288-A	K	k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)							
here. Also attach	z	Add lines 1a through 1h			<u>IK</u>			1z	
Form(s)	2a	Tax-exempt interest 2a b Taxable interest						2b	
1099-R if tax was	За	· · · · · · · · · · · · · · · · · · ·					. [3b	
withheld.	4a	IRA distributions	4a	b Tax	able amount			4b	
If you did not	5a	Pensions and annuities	5a	b Tax	cable amount		- 4	5b	
get a Form W-2, see instructions.	6	Reserved for future use						6	
	7							7	
	8 9	Additional income from Schedule 1 (Form 1040), line 10						9	
		•						-	
	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income							10	
	11 Subtract line 10 from line 9. This is your adjusted gross income						-	11	
	12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard								
	deduction (see instructions)							12	
	13a								
	b								
	C							3c	
	14 Add lines 12 and 13c							14 15	
	11.7	- SOUTH ACT THE 14 HOLL THE 11 H 76	U UI IESS	COUCH FOR LINES IS VOID 12	ACUTE HIGUIITE		- 1	163	

Form 1040-NR (2024)										Page 2
Tax and	16	Tax (see instructions). Check if any	y from Fo	rm(s): 1 88	314 2	4972	2 3			16	•
Credits	17	Amount from Schedule 2 (Form 1	040), line	3						17	
	18	Add lines 16 and 17								18	
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)						19			
	20	Amount from Schedule 3 (Form 1040), line 8						20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18. If zero or less, enter -0						22			
	23a	Tax on income not effectively cor Schedule NEC (Form 1040-NR), li					23a				
	_	Other taxes, including self-emplo				i	20a				
	b	line 21	,	,	`	′′	23b				
	С	Transportation tax (see instructio					23c				
	d	Add lines 23a through 23c	,			,				23d	
	24	Add lines 22 and 23d. This is you								24	
Payments	25	Federal income tax withheld from					· i			27	
	a	Form(s) W-2					25a				
	b	Form(s) 1099				i	25b				
	C	Other forms (see instructions) .				i	25c				
	d	Add lines 25a through 25c								25d	
	e	Form(s) 8805								25e	
	f	Form(s) 8288-A								25f	
	g g	Form(s) 1042-S								25g	
	26	2024 estimated tax payments and								26	
	27	Reserved for future use				1	27				
	28	Additional child tax credit from S					28				
	29	Credit for amount paid with Form				i	29				
	30	Reserved for future use					30				
	31					i	31				
	32	Amount from Schedule 3 (Form 1040), line 15							32		
	33	,								33	
Refund	34								34		
neiuna	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							35a		
Direct deposit?	b	Routing number			c Type		Checkir		Savings	Julia	
See instructions.	d	Account number						.9 <u> </u>	ouvgo		
	e	 	ailed to a	n address outsid	le the I Init	ed State	s not s	—∷ hown on	nage 1		
	·	If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.									
	36	enter it here. Amount of line 34 you want applied to your 2025 estimated tax 36									
Amount	37	Subtract line 33 from line 24. This									
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions									
Tou Owe	38	Estimated tax penalty (see instructions)									
Third		Do you want to allow another person to discuss this return with the IRS? See instructions. Yes. Complete below.								ow. No	
Party	•	Designee's Phone Personal identific									
Designee	name						oation				
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								, ,		
Sign									ent you an Identity		
Here	Your signature			Date Your occupation							PIN, enter it here
11616									inst.)	,	
	Phone no. Email address										
Paid		arer's name	Preparer	's signature			Date		PTIN		Check if:
Paid											Self-employed
Preparer	Firm's	irm's name Phone no.									
Use Only	Firm's address Firm's EIN										