

TONGXIN LI
450 SOUTH CATALINA
PASADENA
APT 103
United States of America CALIFORNIA, 91106

Dear TONGXIN,

Enclosed please find two copies of your 2017 federal income tax return, which you prepared through Sprintax tax software.

File one copy with the Internal Revenue Service and retain the second copy for your records.

Tax Summary

| Filing Status | Other married nonresident alien |
|-------------------------------|---------------------------------|
| Gross Income | \$4000 |
| Federal Adjusted Gross Income | \$4000 |
| Federal Taxable Income | \$0 |
| Refund Amount | \$449 |

We have attached instructions detailing how to file your tax return with the IRS.

How much is my refund?

Your federal tax refund is \$ 449. This will be deposited directly into your checking account.

How do I file my tax return?

Your tax return must be received by April 17th. However, we recommend you mail your federal return as soon as possible using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to:

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



When will I receive my refund?

The IRS will take between 4-6 weeks to process your return, however exact timelines are determined by the IRS.

You can check the status of your federal tax refund at any time by using "Where's My Refund?", an interactive tool available on www.IRS.gov. You can also call the IRS TeleTax System at (800) 829-4477 or the IRS Refund Hotline at (800) 829-1954.

When you call the IRS or visit the website, you'll need the following:

- ▶ The first SSN/ITIN shown on your federal tax return. If you recently applied for an ITIN, you will need to wait for your ITIN notice in order to check your refund status online or you can just call with a copy of your tax return in front of you.
- ▶ Your filing status (as indicated at the top of your 1040NR/EZ, Filing status section)
- ► The exact amount of the refund shown on your federal return (\$amount of the refund)



Federal Tax Return checklist

1. Review and sign the following form(s) where indicated with a pen mark \mathcal{L}



| Form | Action |
|--------|-----------------------------|
| 1040NR | Sign on page 2 |
| W8BEN | Sign on page 1 (if present) |
| 8843 | Sign on page 2 (if present) |

2. Attach copies of all your income and tax withholding statements showing the US income sources you used to prepare your tax return:

| Income Document | Quantity |
|-----------------------|----------|
| 1042-S, Copy C * | 3 |
| 1099-B, Copy B | 1 |
| W-2 form(s), Copy B * | 1 |
| | |
| | |
| | |
| | |

^{* -} If there is a difference between the relevant copies B and C, please attach respectively Copy C of Form W-2 and Copy B of Form 1042-S to your Federal tax return.

- 3. Confirm that the SSN on all your W2(s) is correct.
- 3.1. If you don't have your W2(s) or your SSN on your payment document(s) is incorrect, then you'll need to obtain an updated W2 from your employer(s)
- 4. We recommend you mail your federal return with all necessary supporting documents and attachments as soon as possible using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to:

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



Federal Tax Return Frequently Asked Questions

How long will it take to process my US tax return?

The IRS will take between 4-6 weeks to process your return, however exact timelines are determined by the IRS.

What is the April 17th deadline?

The April 17th tax deadline is the date by which all tax returns must be filed for the previous year.

If you owe the IRS money and you don't file your tax return by April 17th, the US tax authorities will impose late filing penalties and interest on the amount you owe, so the sooner you submit your tax return, the better.

How do I know what's happening with my tax return?

You can check the status of your federal tax return at any time by using "Where's My Refund?", an interactive tool available at www.IRS.gov. You can also call the IRS TeleTax System at (800) 829-4477 or the IRS Refund Hotline at (800) 829-1954.

When you call the IRS or visit the website, you'll need the following:

- ▶ The first SSN/ITIN shown on your federal tax return. If you recently applied for an ITIN, you will need to wait for your ITIN notice in order to check your refund status online or you can just call with a copy of your tax return in front of you.
- Your filing status (as indicated at the top of your 1040NR/EZ, Filing status section)
- The exact amount of the refund shown on your federal return (\$amount of the refund)

What if I don't have a Social Security Number

If you never received a Social Security Number you'll need to organize a temporary number. This is called an Individual Taxpayer Identification Number (ITIN). If you did not apply for an ITIN within Sprintax, you can still apply for it at www.taxback.com/usa-ITIN-numbers.asp.

What is a W2 form?

The W2 form shows the amount of money you earned from that employer and the amount of tax you paid on that income. The W2 form is the official government form you receive from your employer(s) in January after the tax year ends. To claim your US tax refund, the IRS will need copies of your W2 form(s) or final payslips.

If you've misplaced your W2(s) / final payslips or never received it, you'll need to request a new one from your employer.

What is a 1042-S form?

If you've worked as a trainee, student, teacher or researcher in the US on a J or F visa, you might have received a 1042-S form instead of a W2 form.

It outlines income such as scholarships, fellowships, self-employment or grants and any income exempt from tax because of a tax treaty. We can use either the W2 or 1042-S to apply for your tax refund.

You should receive the 1042-S by mid-March of the year following the tax year



Federal Tax Return Frequently Asked Questions

What tax returns can I prepare through Sprintax?

With Sprintax, you can prepare your Federal and State tax returns, FICA tax claim and other required tax forms. Once your taxes are prepared, you will need to mail them to the IRS. Sprintax cannot e-file them for you or mail them to the IRS for you.

Can I use an international tax treaty?

Depending on your nationality and other conditions you may be able to claim a tax refund under international "tax treaties", which are agreements between the US and other countries that allow you to claim back tax you paid while working abroad.

Sprintax always checks if you're eligible for an international tax treaty when we prepare your US tax return. Your eligibility depends on factors like your nationality, length of stay, purpose of stay, type of income, your visa and other.

Could I owe money to the US tax authorities?

Depending on how your employer taxed you awhat the actual tax liability under the tax law is, you may owe tax or be due a tax refund. If you have a tax liability or if other particular factors apply, then you have an obligation to file a tax return. Sprintax takes into consideration all of these factors.

Remember, if you owe money and don't file your return before the April 17th deadline, you'll get penalties and fines added to the amount you owe.



FEDERAL TAX RETURN FOR TONGXIN LI

2017

FEDERAL FILING COPY

SIGN AND MAIL TO THE INTERNAL REVENUE SERVICE

Interest Income Statement

| Name: | TONGXIN LI | |
|--------------|--|---------------|
| SSN: | 397-71-9647 | |
| Address: | ROOM 206, UNIT 3, BUILDING 12, BLOCK A | , WHEN |
| | HOUMA | |
| | 043000 | |
| | CHINA | |
| | | |
| 1042- S, box | 2, Gross Income | \$ 500 |
| 1042-S box | 7 Federal Income tay withheld | \$ 0 |

Interest on deposits for nonresident taxpayer is exempt from tax under IRC 871(i), providing that such interest is not effectively connected with a U.S. trade or business and arises from deposits which are: deposits with persons carrying on the banking business, savings and loan or similar associations, or credit unions as described in publication 515. A copy of Form 1042-S is attached to the return for your reference.

Capital Gains Statement

| Name: | TONG | XIN LI | - |
|---------------|--------|---|--------------------------------|
| SSN: | 397-71 | -9647 | - |
| Address: | ROOM | M 206, UNIT 3, BUILDING 12, BLOCK A, WHEN QUAN CHEN | NG SHI HUA YUAN, BEI HUAN ROAD |
| | HOUN | ЛА | - |
| | 04300 | 00 | - |
| | CHINA | Α | _ |
| | | | |
| 1099-B, box 2 | 2a, | Stocks, bonds, etc.: | \$ <u>5714</u> |
| 1099-B, box 3 | 3, | Cost or other basis: | \$ <u>5798</u> |
| 1099-B, box 4 | 1, | Federal Income tax withheld: | \$ 0 |

The capital gains earned by nonresident taxpayer are exempt from tax under IRC 871(a)(2) and are therefore not subject to reporting and withholding of federal income tax. A copy of Form 1099-B is attached to the return for your reference.

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, 2017, or other tax year

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service , 2017, and ending beginning Identifying number (see instructions) Your first name and initial Last name **TONGXIN** 397-71-9647 11 Present home address (number, street, and apt. no., or rural route). If you have a P.O. box, see instructions. Check if: X Individual 450 SOUTH CATALINA, ap. APT 103 Please print 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. PASADENA, CALIFORNIA 91106 Foreign country name Foreign province/state/county Foreign postal code Single resident of Canada or Mexico or single U.S. national ☐ Married resident of South Korea Filing 2 Other single nonresident alien X Other married nonresident alien **Status** 3 Married resident of Canada or Mexico or married U.S. national Qualifying widow(er) (see instructions) If you checked box 3 or 4 above, enter the information below. Check only Child's name ▶ one box. (i) Spouse's first name and initial (ii) Spouse's last name (iii) Spouse's identifying number Exemptions 7a X Yourself. If someone can claim you as a dependent, do not check box 7a . . . Boxes checked on 7a and 7b **b** Spouse. Check box 7b only if you checked box 3 or 4 above and your spouse did not No. of children have any U.S. gross income . . . on 7c who: c Dependents: (see instructions) (4) V if qualifying (2) Dependent's (3) Dependent's lived with you child for child tax identifying number relationship to you (1) First name Last name If more credit (see instr.) did not live with you due to divorce or separation (see than four dependents. instructions) see instructions Dependents on 7c not entered above Add numbers on **d** Total number of exemptions claimed lines above 8 Wages, salaries, tips, etc. Attach Form(s) W-2 4000 8 Income 9a 9a Taxable interest **Effectively** 9b **b Tax-exempt** interest. **Do not** include on line 9a . Connected 10a Ordinary dividends 10a With U.S. **b** Qualified dividends (see instructions) 10b Trade/ 0 11 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 11 **Business** 0 12 Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions) 12 13 Business income or (loss). Attach Schedule C or C-EZ (Form 1040) 13 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here 14 Other gains or (losses). Attach Form 4797 15 Attach Form(s) **16a** IRA distributions 16a 0 **16b** Taxable amount (see instructions) 16b 0 W-2, 1042-S, SSA-1042S, 17a 0 **17b** Taxable amount (see instructions) 17a Pensions and annuities 17b 0 RRB-1042S, Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040) . . . 18 18 and 8288-A here. Also 19 Farm income or (loss). Attach Schedule F (Form 1040) 19 attach Form(s) 20 20 0 1099-R if tax Other income. List type and amount (see instructions) 21 0 was withheld. Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e) 22 22 23 Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income . 23 4000 Educator expenses (see instructions) 24 24 **Adjusted** 25 Health savings account deduction. Attach Form 8889 . . . 25 0 Gross 26 Moving expenses. Attach Form 3903 26 0 **Income** 27 Deductible part of self-employment tax. Attach Schedule SE (Form 1040) 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 n 29 Self-employed health insurance deduction (see instructions) 29 0 30 Penalty on early withdrawal of savings 30 0 31 Scholarship and fellowship grants excluded 31 0 IRA deduction (see instructions) 32 32 0 33 33 Student loan interest deduction (see instructions) . . . 0 Domestic production activities deduction. Attach Form 8903. 0 Add lines 24 through 34 35 Subtract line 35 from line 23. This is your adjusted gross income 36 4000

Cat. No. 11364D

| T | 37 | Amount from line 36 (adjusted gross in | icome) | | | . 37 | 4000 |
|-----------------------------------|-------|--|-------------------------------|---------------------|------------------------|---------------|---|
| Tax and | 38 | Itemized deductions from page 3, Sc | hedule A, line 15 | 5 | | . 38 | 214 |
| Credits | 39 | Subtract line 38 from line 37 | | | | . 39 | 3786 |
| | 40 | Exemptions (see instructions) | | | | . 40 | 4050 |
| | 41 | Taxable income. Subtract line 40 from | n line 39. If line 4 | 0 is more than lir | ne 39, enter -0- | . 41 | 0 |
| | 42 | Tax (see inst.). Check if any is from Fo | rm(s): a 🗌 8814 | 4 b □ 4972 | | 42 | 0 |
| | 43 | Alternative minimum tax (see instruct | tions). Attach Fo | rm 6251 | | . 43 | 0 |
| | 44 | Excess advance premium tax credit re | payment. Attach | Form 8962 | | . 44 | |
| | 45 | Add lines 42, 43, and 44 | | | | ▶ 45 | 0 |
| | 46 | Foreign tax credit. Attach Form 1116 if | required | 46 | 0 | | |
| | 47 | Credit for child and dependent care expe | enses. Attach For | m 2441 47 | 0 | | |
| | 48 | Retirement savings contributions credi | t. Attach Form 8 | 880 . 48 | 0 | | |
| | 49 | Child tax credit. Attach Schedule 8812 | , if required . | 49 | 0 | | |
| | 50 | Residential energy credit. Attach Form | 5695 | 50 | 0 | | |
| | 51 | Other credits from Form: a 3800 I | b □ 8801 c □ | 51 | 0 | | |
| | 52 | Add lines 46 through 51. These are you | ur total credits | | | . 52 | 0 |
| - | 53 | Subtract line 52 from line 45. If line 52 | is more than line | e 45, enter -0 | | ▶ 53 | 0 |
| O 415 a.u | 54 | Tax on income not effectively connected with | a U.S. trade or bus | siness from page 4, | Schedule NEC, line | 15 54 | 0 |
| Other | 55 | Self-employment tax. Attach Schedule | SE (Form 1040) | | Exemp | t . 55 | |
| Taxes | 56 | Unreported social security and Medica | re tax from Forn | n: a 🗌 4137 | b 🗌 8919 | 56 | 0 |
| | 57 | Additional tax on IRAs, other qualified | retirement plans | , etc. Attach Forr | m 5329 if required | 57 | 0 |
| | 58 | Transportation tax (see instructions) | | | | . 58 | 0 |
| | 59a | Household employment taxes from Sc | hedule H (Form | 1040) | | . 59a | |
| | | First-time homebuyer credit repaymen | | | | | |
| | | Taxes from: a \square Form 8959 b \square Inst | | | | | 0 |
| | 61 | Add lines 53 through 60. This is your to | otal tax | <u></u> | <u>.</u> | ▶ 61 | 0 |
| Dovmente | 62 | Federal income tax withheld from: | | | | | |
| Payments Payments | a | Form(s) W-2 and 1099 | | 62a | 449 | | |
| | k | Form(s) 8805 | | 62b | 0 | | |
| | C | Form(s) 8288-A | | 62c | 0 | | |
| | C | I Form(s) 1042-S | | 62d | 0 | | |
| | 63 | 2017 estimated tax payments and amount | t applied from 201 | 16 return 63 | 0 | | |
| | 64 | Additional child tax credit. Attach Sche | edule 8812 . | | 0 | | |
| | 65 | Net premium tax credit. Attach Form 8 | 962 | 65 | | | |
| | 66 | Amount paid with request for extension | n to file (see instr | · - | 0 | | |
| | 67 | Excess social security and tier 1 RRTA tax | withheld (see instr | ructions) 67 | 0 | | |
| | | Credit for federal tax paid on fuels. Atta | | | 0 | | |
| | | Credits from Form: a 2439 b Reserved | | | 0 | | |
| | 70 | Credit for amount paid with Form 1040 |)-C | 70 | 0 | | |
| | _ | Add lines 62a through 70. These are yo | | | | ▶ 71 | 449 |
| Refund | 1 | If line 71 is more than line 61, subtract | | | | - | 449 |
| Direct deposit? | 1 | Amount of line 72 you want refunded | | | | | 449 |
| See | " | Routing number 3 2 2 2 7 1 | 6 2 7 | c Type: X Ch | ecking L Savir | ngs | |
| instructions. | | 1 Account number 2 0 9 6 1 3 | 7 2 5 | | | | |
| | 6 | If you want your refund check mailed to an addr | ess outside the Unite | ed States not shown | on page 1, enter it he | re. | |
| | | | | TT | | | |
| Amount | | Amount of line 72 you want applied to yo | | | | | 0 |
| You Owe | | Amount you owe. Subtract line 71 from | | اً ــٰــ ا | see instructions | ▶ 75 | 0 |
| | | Estimated tax penalty (see instructions | | | · : | 7 1/2 - 0 | lata balanı 🗆 🗖 🛍 |
| Third Party | ן סט | ou want to allow another person to disc | cuss this return v Phone | vitri trie IRS? See | | | omplete below. \[\] N otation \[\] |
| Designee | Desig | gnee's name ► | no. ▶ | | | er (PIN) | ▶ |
| Sign Here | | er penalties of perjury, I declare that I have exam | | | | | |
| _ | | f, they are true, correct, and complete. Declaration. | on or preparer (othe | 1 | | 1 | |
| Keep a copy of this return for | Your | signature | Date | rour occupation in | n the United States | Protec | RS sent you an Identity tion PIN, enter it here |
| your records. | | | 1 | 1 | | (see in | str.) |
| your rooorao. | | | 03/22/2018 | Student | | | |
| | Print | /Type preparer's name Prepa | | Student | Date | | PTIN |
| Paid | Print | Type preparer's name | 03/22/2018 rer's signature | Student | Date | Check | |
| - | | t/Type preparer's name Preparer's name ▶ | | Student | Date Firm's EIN ▶ | | PTIN nployed |

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Page 2

Schedule A—Itemized Deductions (see instructions)

| Taxes You | | | | | | | | |
|--------------------------|-----|---|---------|---------------------|----------|----|-----|--|
| Paid | 1 | State and local income taxes | | | - 1 | 1 | 214 | |
| Gifts | | Caution: If you made a gift and received a benefit in | | | | | | |
| to U.S. | • | return, see instructions. | | | | | | |
| Charities | 2 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | | | | | | |
| | _ | | 2 | | - | | | |
| | 3 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if the | | | | | | |
| | | amount of your deduction is over \$500 | 3 | 0 | | | | |
| | | amount of your doddotting over 4000 | 3 | 0 | - | | | |
| | 4 | Carryover from prior year | 4 | o | | | | |
| | • | Carryover norm prior year | | <u> </u> | _ | | | |
| | 5 | Add lines 2 through 4 | | | | 5 | o | |
| Casualty and | | | | | | | | |
| Theft Losses | 6 | Casualty or theft loss(es). Attach Form 4684. See instructions | | | . | 6 | o | |
| Job | 7 | Unreimbursed employee expenses—job travel, union dues, | | | | | | |
| Expenses | | job education, etc. You must attach Form 2106 or Form | | | | | | |
| and Certain | | 2106-EZ if required. See instructions ▶ | | | | | | |
| Miscellaneous Deductions | | | 7 | 0 | | | | |
| Deductions | | | | | | | | |
| | 8 | Tax preparation fees | 8 | 0 | _ | | | |
| | _ | | | | | | | |
| | 9 | Other expenses. See instructions for expenses to deduct | | | | | | |
| | | here. List type and amount - | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | 9 | | | | | |
| | | | - | | \dashv | | | |
| | 10 | Add lines 7 through 9 | 10 | o | | | | |
| | . • | , ad miles i anedgine | | | \neg | | | |
| | 11 | Enter the amount from Form | | | | | | |
| | | 1040NR, line 37 11 4000 | | | | | | |
| | | | | | | | | |
| | 12 | Multiply line 11 by 2% (0.02) | 12 | 80 | _ | | | |
| | | | | | | | | |
| | 13 | Subtract line 12 from line 10. If line 12 is more than line 10, ent | | | | 13 | 0 | |
| Other | 14 | Other—see instructions for expenses to deduct here. List type | and a | ımount ► | | | | |
| Miscellaneous | | | | | | | | |
| Deductions | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | 14 | o | |
| Total | 15 | Is Form 1040NR, line 37, over the amount shown below for | r the | filing status box y | ou/ | | | |
| Itemized | | checked on page 1 of Form 1040NR: | | | | | | |
| Deductions | | • \$313,800 if you checked box 6; | | | | | | |
| | | • \$261,500 if you checked box 1 or 2; or | | | | | | |
| | | • \$156,900 if you checked box 3, 4, or 5? | | | | | | |
| | | No. Your deduction is not limited. Add the amounts in the f | ar righ | nt column for lines | 1 | | | |
| | | through 14. Also enter this amount on Form 1040NR, line 38. | | | | | | |
| | | Yes. Your deduction may be limited. See the Itemized Ded | | | • | | 044 | |
| | | instructions to figure the amount to enter here and on Form 10 | 4UNK | , iii le 38. | | 15 | 214 | |

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Schedule NEC - Tax on Income Not Effectively Connected With a U.S. Trade or Business (see instructions)

| | | Nature of income | | (6) | (a) 10% | (h) 15% | %UE (2) | (b) | (d) Other (specify) | cify) |
|--|--|---|---|--------------|-------------------------------|--|--------------------------|---|---------------------|---|
| | | | | 5 | 2 | | 6 (c) | 0 | % | % |
| - | Dividends paid by: | | | | | | | | | |
| a | U.S. corporations . | | | 1a | | | | | | |
| q | Foreign corporations | | | 1b | | | | | | |
| 0 | Interest: | | | | | | | | | |
| Ø | Mortgage | | | - Za | | | | | | - |
| Q | Paid by foreign corporations | ations | | 2b | | | | | | |
| ပ | Other | | | 2c | | | | 200 | | |
| က | Industrial rovalties (pat | Industrial rovalties (patents, trademarks, etc.) | | 3 | | | | | | |
| 4 | Motion picture or TV convident royalties | convirint rovalties | | 4 | | | | | | |
| - 4 | Other reveltine (per vice | | | - 4 | | | | | | |
| n (| Outer royalites (copyrit | Other royalites (copyrights, recording, publishing, etc.) | | 0 0 | | | | | | |
| 9 | Real property income | Heal property income and natural resources royalties | | ۅ | | | | | | |
| 7 | Pensions and annuities | | | 7 | | | | | | |
| œ | Social security benefits. | | | 8 | | | | | | |
| 6 | Capital gain from line 18 below | 18 below | | 6 | | | | | | |
| 9 | Gambling-Residents | Gambling—Residents of Canada only. Enter net income in column (| (c). | | | | | | | |
| | If zero or less, enter -0 | -0- | | | | | | | | |
| a | Winnings | 0 | • | | _ | | | | | |
| q | Losses | | | 100 | _ | | 0 | | | |
| Ξ | Gambling winnings—F | Gambling winnings—Residents of countries other than Canada. | | | | | | | | |
| | Note: Losses not allowed | pev | | - | 0 | | 0 | 0 | | |
| 12 | Other (specify) ▶ | | | | | | | | | |
| | | | | 12 | | | | | | |
| 13 | Add lines 1a through 1 | Add lines 1a through 12 in columns (a) through (d) | | 13 | 0 | 0 | 0 | 200 | | 0 |
| 4 | Multiply line 13 by rat | Multiply line 13 by rate of tax at top of each column | | 14 | 0 | 0 | 0 | 0 | | 0 |
| 15 | Tax on income not | Tax on income not effectively connected with a U.S. trade | | s. Add colun | nns (a) thr | or business. Add columns (a) through (d) of line | 14. Enter the total here | total here and on | | |
| | Form 1040NR, line 54 | | | | | | | | 15 | 0 |
| | _ | Capital Gains and Losses From Sales or Exchanges of Property | and Losses | From Sale | s or Exc | hanges of Pr | operty | _ | | |
| Enter only t losses fron exchanges sources States an | he capital gains and n property sales or that are from within the United o not effectively | (if necessary, attach statement of descriptive details not shown below) | (b) Date acquired (mo., day, yr.) | | (c) Date sold (mo., day, yr.) | (d) Sales price | (e) Cost or other basis | (f) LOSS her If (e) is more than (d), subtract (d) from (e) | | (g) GAIN If (d) is more than (e), subtract (e) from (d) |
| connected Do not inc disposing | connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real | | | | | | | | | |
| property int gains and lo (Form 1040). | property interest; report these gains and losses on Schedule D (Form 1040). | | | | | | | | | |
| Report | Report property sales or — exchanges that are effectively | | | | | | | | | |
| onnec n Scl | | | · · · · | I | | | | | <u> </u> | |
| rm 4 | | 18 Capital gain. Combine columns (f) and (g) of line 17 | and (a) of line 1 | | net gain h | Enter the net gain here and on line | 9 above | (if a loss, enter -0-) ▶ | 8 | |

Form 1040NR (2017) Page **5**

| | | Schedule OI-O | ther Information (se Answer all questions | e instructions) | | | |
|------|---|---|--|--|---|--|--|
| Α | Of what country or countries | s were you a citizen or nation | | CHINA | | | |
| В | In what country did you clair | m residence for tax purpose | es during the tax year? | | | | |
| С | | | | | | | |
| D | Were you ever: 1. A U.S. citizen? 2. A green card holder (lawfulf you answer "Yes" to (1) or | ul permanent resident) of th | e United States? | | Yes 🛭 No | | |
| E | If you had a visa on the las immigration status on the las | | | did not have a visa, en | | | |
| F | Have you ever changed your If you answered "Yes," indic | r visa type (nonimmigrant s ate the date and nature of | tatus) or U.S. immigration the change. B2 - TO | n status? | X Yes | | |
| G | List all dates you entered an Note: If you are a resident or check the box for Canada | f Canada or Mexico AND c | ommute to work in the U | Inited States at frequent | | | |
| | Date entered United States mm/dd/yy | Date departed United State mm/dd/yy | Date | e entered United States mm/dd/yy | Date departed United States mm/dd/yy | | |
| | 02/12/2017 | 02/19/2017 | | | | | |
| | 09/08/2017 | 12/10/2017 | | | | | |
| | 12/29/2017 | | | | | | |
| | | | | | | | |
| H | Give number of days (included 2015 0 | , 2016 0 | , and 2017 | 105 | | | |
| • | If "Yes," give the latest year | and form number you filed | · · · · · · · · · · · · · · · · · · · | | Tes A NO | | |
| J | Are you filing a return for a tr If "Yes," did the trust have U.S. person, or receive a con | a U.S. or foreign owner ur | nder the grantor trust ru | les, make a distribution | Yes X No or loan to a Yes No | | |
| K | Did you receive total compe If "Yes," did you use an alter | | • | pensation? | | | |
| L | Income Exempt from Tax—foreign country, complete (1) 1. Enter the name of the co |) through (3) below. See Pu | b. 901 for more informat | tion on tax treaties. | · | | |
| | | of exempt income in the co | lumns below. Attach For | m 8833 if required. See | instructions. | | |
| | (a) Count | try | (b) Tax treaty article | (c) Number of months claimed in prior tax year | (d) Amount of exempt income in current tax year | | |
| CHIN | Α | | 20(c) | 1. | 2 5000 | | |
| | | | | | | | |
| (e) | Total. Enter this amount on | Form 1040NR line 22 Do | not enter it on line 8 or li | ne 12 | 5000 | | |
| ·~/ | 2. Were you subject to tax in | | | | Yes X No | | |
| | 3. Are you claiming treaty be | | etent Authority determin | nation? | Yes X No | | |

8843

Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

2017

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

Last name

, 20 . Sequence No. I

| Your III's | i name and initial | Last name | | Your U.S. taxpayer identificat | ion number, i | i any |
|------------|-----------------------------|--|-------------------|--------------------------------|---------------|-----------------|
| TONG | | LI | | 397-71-9647 | | |
| Fill in y | | Address in country of residence | Address in the Ur | nited States | | |
| | sses only if | ROOM 206, UNIT 3, BUILDING 12, BLOCK A, WHEN QUAN | CHEOLOGORITHIC | LATYALAN ABEI HUAN ROAD |) | |
| | e filing this | CHINA, SHANXI | APT 103 | | | |
| | y itself and th your tax | HOUMA | PASADENA, | CA 91106 | | |
| return | | CHINA 043000 | · | | | |
| Part | | Information | I | | | |
| | | sa (for example, F, J, M, Q, etc.) and date you entered t | the United Stat | AS P2 02/12/2017 | | |
| | | migrant status. If your status has changed, also enter d | | | inctructio | nc |
| b | F1 08/10/2017 | riigiant status. Ii your status has changeu, also enter d | ate of charige a | and previous status. See | HISHUCHO | 115. |
| • | | | | | | |
| 2 | Of what counti | y or countries were you a citizen during the tax year? | HINA | | | |
| 3a | What country | or countries issued you a passport? CHINA | | | | |
| | | sport number(s) ► <u>G51954862</u> | | | | |
| 4a | Enter the actua | al number of days you were present in the United States | s during: | | | |
| | 2017 105 | | | | | |
| | | per of days in 2017 you claim you can exclude for purpo | oses of the sub | stantial presence test | 105 | |
| Part | | s and Trainees | | | | |
| 5 | For teachers, e | enter the name, address, and telephone number of the a | academic instit | ution where you taught i | n 2017 ► | |
| | | | | | | |
| | | | | | | |
| 6 | | enter the name, address, and telephone number of the | | | | |
| | | d in during 2017 | | | | |
| | - | | | | | |
| | | | | | | |
| 7 | Enter the type | of U.S. visa (J or Q) you held during: ► 2011 | | 2012 | | |
| | 2013 | _ 2014 2015 2016 | If | the type of visa you held | d during ar | าง |
| | | changed, attach a statement showing the new visa type | | | | ., |
| 8 | - | sent in the United States as a teacher, trainee, or stu | | | | |
| o | | (2011 through 2016)? | | | □ Ves | X No |
| | - | the "Yes" box on line 8, you cannot exclude days of pi | | | _ 103 | <u> </u> |
| | | Exception explained in the instructions. | reserice as a te | tacher of trainee unless | | |
| Part I | | | | | | |
| | | e, address, and telephone number of the academic insti | tution vou ette | ndad during 2017 | | |
| 9 | | | | | | |
| | CALIFURNIA IN | STITUTE OF TECHNOLOGY, 1200 E. CALIFORNIA BLVD MO | 100-84, PASAL د | JEINA, 91125, 6263956811 | | |
| 40 | | | | | | #! =! = - + - ! |
| 10 | | e, address, and telephone number of the director of the | | | ım you par | ticipated |
| | ın aurıng 2017 | DANIEL YODER, 1200 E. CALIFORNIA BLCD MC 250-8 | o, PASADENA, (| JA, 91125, 6263956330 | | |
| | | | | | | |
| 4.4 | | | | | | |
| 11 | Enter the type | of U.S. visa (F, J, M, or Q) you held during: ► 2011 | | 2012 | | |
| | 2013 | | | the type of visa you held | d during ar | ny |
| | - | changed, attach a statement showing the new visa type | | · | | |
| | | ent in the United States as a teacher, trainee, or studer | | | _ | _ |
| | years? | | | | ☐ Yes | X No |
| | If you checked | the "Yes" box on line 12, you must provide sufficient | nt facts on an | attached statement to | | |
| | | ou do not intend to reside permanently in the United S | | | | |
| 13 | During 2017 | id you apply for, or take other affirmative steps to apply | / for, lawful pei | manent resident status | | |
| | | States or have an application pending to change your | | | | |
| | | United States? | | | Yes | X No |
| 14 | | the "Yes" box on line 13, explain | | | | |
| | | | | | | |
| | | | | | | |

Form 8843 (2017) Page **2**

| Part | V P | Professional Athletes | · |
|--------|--------------------------------|---|--|
| 15 | compe | the name of the charitable sports event(s) in the United States in which you competed duetition | |
| 16 | Enter t event(s | the name(s) and employer identification number(s) of the charitable organization(s) that s) | benefited from the sports |
| Part | organiz | You must attach a statement to verify that all of the net proceeds of the sports event(s) were zation(s) listed on line 16. ndividuals With a Medical Condition or Medical Problem | |
| 17a | Describ | be the medical condition or medical problem that prevented you from leaving the United Stat | |
| b | Enter th | the date you intended to leave the United States prior to the onset of the medical condition or | |
| С | Enter th | the date you actually left the United States ▶ | |
| 18 | | 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 cobed on line 17a and there was no indication that his or her condition or problem was preexist | |
| | | Name of physician or other medical official | |
| | | | |
| | | Physician's or other medical official's address and telephone number | |
| | | Displaced and the property of the first the circumstance | D-1- |
| itself | f you ling orm by and | Physician's or other medical official's signature Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the they are true, correct, and complete. | Date ne best of my knowledge and belief, |
| not w | tax | | 03.22.18 |
| retur | 1 | Your signature Your signature | Date |

Form **8843** (2017)



FEDERAL TAX RETURN FOR

TONGXIN LI

2017

YOUR COPY

RETAIN FOR YOUR RECORDS

Interest Income Statement

| Name: | TONGXIN LI |
|--------------|--|
| SSN: | 397-71-9647 |
| Address: | ROOM 206, UNIT 3, BUILDING 12, BLOCK A, WHEN |
| | HOUMA |
| | 043000 |
| | CHINA |
| | |
| 1042- S, box | 2, Gross Income \$_500 |
| 1042-S, box | 7. Federal Income tax withheld \$ 0 |

Interest on deposits for nonresident taxpayer is exempt from tax under IRC 871(i), providing that such interest is not effectively connected with a U.S. trade or business and arises from deposits which are: deposits with persons carrying on the banking business, savings and loan or similar associations, or credit unions as described in publication 515. A copy of Form 1042-S is attached to the return for your reference.

Capital Gains Statement

| Name: | TONG | GXIN LI | |
|-------------|-------|---|-------------------------------|
| SSN: | 397-7 | 1-9647 | |
| Address: | ROO | M 206, UNIT 3, BUILDING 12, BLOCK A, WHEN QUAN CHEN | G SHI HUA YUAN, BEI HUAN ROAD |
| | HOU | MA | |
| | 0430 | 00 | |
| | CHIN | NA | |
| | | | |
| 1099-B, box | 2a, | Stocks, bonds, etc.: | \$ <u>5714</u> |
| 1099-B, box | 3, | Cost or other basis: | \$ <u>5798</u> |
| 1099-B, box | 4, | Federal Income tax withheld: | \$ <u>0</u> |

The capital gains earned by nonresident taxpayer are exempt from tax under IRC 871(a)(2) and are therefore not subject to reporting and withholding of federal income tax. A copy of Form 1099-B is attached to the return for your reference.

Department of the Treasury

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, 2017, or other tax year

OMB No. 1545-0074

Internal Revenue Service , 2017, and ending beginning Identifying number (see instructions) Your first name and initial Last name **TONGXIN** 397-71-9647 11 Present home address (number, street, and apt. no., or rural route). If you have a P.O. box, see instructions. Check if: X Individual 450 SOUTH CATALINA, ap. APT 103 Please print 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. PASADENA, CALIFORNIA 91106 Foreign country name Foreign province/state/county Foreign postal code Single resident of Canada or Mexico or single U.S. national Married resident of South Korea Filing 5 X Other married nonresident alien 2 Other single nonresident alien **Status** 3 Married resident of Canada or Mexico or married U.S. national Qualifying widow(er) (see instructions) If you checked box 3 or 4 above, enter the information below. Check only Child's name ▶ one box. (i) Spouse's first name and initial (ii) Spouse's last name (iii) Spouse's identifying number Exemptions 7a X Yourself. If someone can claim you as a dependent, do not check box 7a . . . Boxes checked on 7a and 7b **b** Spouse. Check box 7b only if you checked box 3 or 4 above and your spouse did not No. of children have any U.S. gross income . . . on 7c who: c Dependents: (see instructions) (4) V if qualifying (2) Dependent's (3) Dependent's lived with you child for child tax identifying number relationship to you (1) First name Last name If more credit (see instr.) did not live with you due to divorce or separation (see than four dependents. instructions) see instructions Dependents on 7c not entered above Add numbers on **d** Total number of exemptions claimed lines above 8 Wages, salaries, tips, etc. Attach Form(s) W-2 4000 8 Income 9a 9a Taxable interest **Effectively b Tax-exempt** interest. **Do not** include on line 9a . 9b Connected **10a** Ordinary dividends 10a With U.S. **b** Qualified dividends (see instructions) 10b Trade/ 0 11 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 11 **Business** 0 12 Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions) 12 13 Business income or (loss). Attach Schedule C or C-EZ (Form 1040) 13 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here 14 Other gains or (losses). Attach Form 4797. 15 Attach Form(s) 16a IRA distributions 16a **16b** Taxable amount (see instructions) 16b 0 W-2, 1042-S, SSA-1042S, 17a 0 **17b** Taxable amount (see instructions) 17a Pensions and annuities 17b 0 RRB-1042S, Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040) . . . 18 18 and 8288-A here. Also 19 19 attach Form(s) 20 20 0 1099-R if tax 21 Other income. List type and amount (see instructions) 21 0 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 23 4000 Educator expenses (see instructions) 24 24 Adjusted 25 Health savings account deduction. Attach Form 8889 . . . 25 0 Gross 26 Moving expenses. Attach Form 3903 26 0 Income 27 Deductible part of self-employment tax. Attach Schedule SE (Form 1040) 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 n 29 Self-employed health insurance deduction (see instructions) 29 0 Penalty on early withdrawal of savings 30 0 Scholarship and fellowship grants excluded 31 31 0 32 IRA deduction (see instructions) 32 0 33 33 Student loan interest deduction (see instructions) . . . 0 Domestic production activities deduction. Attach Form 8903. 0 Add lines 24 through 34 35 Subtract line 35 from line 23. This is your adjusted gross income 36 4000

| T | 37 | Amount from line 36 (adjusted gross in | come) | | | 37 | 4000 | |
|--|--|--|-----------------------|---------------------------------------|-------------------------|-------------------------|---|----|
| Tax and | 38 | Itemized deductions from page 3, Sch | nedule A, line 15 | | | 38 | 214 | |
| Credits | 39 | Subtract line 38 from line 37 | | | | 39 | 3786 | |
| | 40 | Exemptions (see instructions) | | | | 40 | 4050 | |
| | 41 | Taxable income. Subtract line 40 from | line 39. If line 4 | 0 is more than line 3 | 9, enter -0 | 41 | 0 | |
| | 42 | Tax (see inst.). Check if any is from For | m(s): a 🗌 8814 | 4 b □ 4972 | | 42 | 0 | |
| | 43 | Alternative minimum tax (see instruct | ions). Attach Fo | rm 6251 | | 43 | 0 | |
| | | Excess advance premium tax credit rep | - | | | 44 | | |
| | 45 | Add lines 42, 43, and 44 | | | ▶ | 45 | 0 | |
| | 46 | Foreign tax credit. Attach Form 1116 if | required | 46 | 0 | | | |
| | 47 | Credit for child and dependent care expe | nses. Attach For | m 2441 47 | 0 | | | |
| | 48 | Retirement savings contributions credit | | | 0 | 4 | | |
| | 49 | Child tax credit. Attach Schedule 8812, | | | 0 | | | |
| | 1 | Residential energy credit. Attach Form | | | 0 | _ | | |
| | | Other credits from Form: a 3800 b | | | 0 | <u> </u> | | |
| | | Add lines 46 through 51. These are you | | | | 52 | 0 | |
| | | Subtract line 52 from line 45. If line 52 i | | | | 53 | 0 | |
| Other | | Tax on income not effectively connected with | | | | 54 | 0 | |
| | | Self-employment tax. Attach Schedule | | | | 55 | | |
| Taxes | | Unreported social security and Medica | | | b ∐8919 | 56 | 0 | |
| | | Additional tax on IRAs, other qualified r | | | | 57 | 0 | |
| | 1 | Transportation tax (see instructions) | | | | 58 | 0 | |
| | | Household employment taxes from Sch | | | | 59a | | |
| | | First-time homebuyer credit repayment | | | | 59b | | |
| | | Taxes from: a Form 8959 b Inst | | | | 60 | 0 | |
| | | Add lines 53 through 60. This is your to | otal tax | | • | 61 | 0 | |
| Payments | | Federal income tax withheld from: | | 00- | 140 | | | |
| | | Form(s) W-2 and 1099 | | | 449 | - | | |
| | | Form(s) 8805 | | | 0 | - | | |
| | | Form(s) 8288-A | | | 0 | - | | |
| | | Form(s) 1042-S | | | 0 | - | | |
| | | 2017 estimated tax payments and amount Additional child tax credit. Attach Sche | | | 0 | - | | |
| | | Net premium tax credit. Attach Form 89 | | | U | | | |
| | | Amount paid with request for extension | | | 0 | | | |
| | | Excess social security and tier 1 RRTA tax | | · · · · · · · · · · · · · · · · · · · | 0 | | | |
| | | Credit for federal tax paid on fuels. Atta | | | 0 | - | | |
| | | Credits from Form: a 2439 b Reserved | | | 0 | | | |
| | | Credit for amount paid with Form 1040 | | 70 | 0 | | | |
| | | Add lines 62a through 70. These are yo | | | | 71 | 449 | |
| | | If line 71 is more than line 61, subtract I | | | | 72 | 449 | |
| Refund | | Amount of line 72 you want refunded t | | | · _ | 73a | 449 | |
| Direct deposit? | | | 6 2 7 | c Type: X Check | | | - | |
| See instructions. | | Account number 2 0 9 6 1 3 | 7 2 5 | | | | | |
| | e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. | | | | | | | |
| | | | | | | | | |
| | 74 | Amount of line 72 you want applied to you | ur 2018 estimate | d tax ▶ 74 | | | | |
| Amount | 75 | Amount you owe. Subtract line 71 from | line 61. For detai | ls on how to pay, see | instructions | 75 | 0 | |
| You Owe | 76 | Estimated tax penalty (see instructions) |) | 76 | | | | |
| Third Party | Do | ou want to allow another person to disc | | vith the IRS? See ins | | | | No |
| Designee | Desi | gnee's name ▶ | Phone no. ▶ | | Personal i number (P | | ion | Τ |
| Sign Here | Designee's name num | | | | | nd to the | | |
| Sign Here | | f, they are true, correct, and complete. Declaration | on of preparer (other | 1 | 1 | which pr | | • |
| | belie | Your signature Your occupation in the United States | | | | | | |
| Keep a copy of | | | Date | Your occupation in the | United States | | S sent you an Identity on PIN, enter it here | ' |
| Keep a copy of this return for your records. | | | | · | United States | | on PIN, enter it here | |
| this return for | Your | signature | 03/22/2018 | Your occupation in the Student | | Protection | on PIN, enter it here r.) | |
| this return for your records. | Your | signature | | · | United States Date | Protection (see inst | on PIN, enter it here r.) | |
| this return for your records. | Your | signature | 03/22/2018 | · | | Protection (see inst | on PIN, enter it here r.) | |

Form 1040NR (2017)

Page 2

Schedule A-Itemized Deductions (see instructions)

| Taxes You | _ | | | 214 |
|-----------------|---|---|----|-----|
| Paid | 1 | State and local income taxes | 1 | 214 |
| Gifts | | Caution: If you made a gift and received a benefit in | | |
| to U.S. | | return, see instructions. | | |
| Charities | 2 | Gifts by cash or check. If you made any gift of \$250 or more, | | |
| O namico | | see instructions | | |
| | 3 | Other than by cash or check. If you made any gift of \$250 or | | |
| | | more, see instructions. You must attach Form 8283 if the | | |
| | | amount of your deduction is over \$500 | | |
| | | | | |
| | 4 | Carryover from prior year | | |
| | | | | |
| | 5 | Add lines 2 through 4 | 5 | 0 |
| Casualty and | | | | |
| Theft Losses | 6 | Casualty or theft loss(es). Attach Form 4684. See instructions | 6 | o |
| Job | 7 | Unreimbursed employee expenses—job travel, union dues, | | |
| Expenses | | job education, etc. You must attach Form 2106 or Form | | |
| and Certain | | 2106-EZ if required. See instructions ▶ | | |
| Miscellaneous | | 7 0 | | |
| Deductions | | | - | |
| | 8 | Tax preparation fees | | |
| | 0 | Tax preparation lees | - | |
| | 9 | Other expenses. See instructions for expenses to deduct | | |
| | 3 | here. List type and amount | | |
| | | Tiolo. List type and amount? | | |
| | | | | |
| | | | | |
| | | 9 | | |
| | | - | | |
| | | | | |
| | 10 Add lines 7 through 9 | | | |
| | | | | |
| | 11 Enter the amount from Form 1040NR, line 37 11 4000 | | | |
| | | 1040NR, line 37 | | |
| | | | | |
| | 12 | Multiply line 11 by 2% (0.02) | | |
| | | | | |
| | 13 | Subtract line 12 from line 10. If line 12 is more than line 10, enter -0 | 13 | 0 |
| Other | 14 | Other—see instructions for expenses to deduct here. List type and amount ▶ | | |
| Miscellaneous | | | | |
| Deductions | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | 14 | 0 |
| Total | 15 | Is Form 1040NR, line 37, over the amount shown below for the filing status box you | | |
| Itemized | | checked on page 1 of Form 1040NR: | | |
| Deductions | | • \$313,800 if you checked box 6; | | |
| _ 344343113 | | • \$261,500 if you checked box 1 or 2; or | | |
| | | • \$156,900 if you checked box 3, 4, or 5? | | |
| | | No. Your deduction is not limited. Add the amounts in the far right column for lines 1 | | |
| | | through 14. Also enter this amount on Form 1040NR, line 38. | | |
| | | ☐ Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the | | |
| | | instructions to figure the amount to enter here and on Form 1040NR, line 38. | 15 | 214 |

Page 4

Form 1040NR (2017)

Schedule NEC - Tax on Income Not Effectively Connected With a U.S. Trade or Business (see instructions)

| | | | | | Line amount of medine and in appropriate rate of tax (see instructions) | יוניסוונים מוומפו מווי | έ άρρι υριταισται | פו ומצופ | ee Histractions | | | |
|---|--|--|--|-----------------------------------|---|--------------------------------|---------------------------------|----------|---|---------------------|---|----------|
| | | Nature of income | | | (a) 10% | (h) 15% | %UE (J) | % | (d) (d) | (d) Other (specify) | fy) | |
| | | | | | 6/01 (p) | (c) | 20 (2) | | 6 0 | % | 6 | % |
| - | Dividends paid by: | | | | - | | | | | | | |
| a | U.S. corporations | | | <u>a</u> | | | | | | | | |
| q | Foreign corporations | | | d | | | | | | | | |
| 8 | Interest: | | | | | | | | | | | |
| a | Mortgage | | | | | | | | | - | | |
| Q | Paid by foreign corporations | orations | | 2b | | | | | | | | |
| ပ | Other | | | | | | | | 200 | | | |
| က | Industrial royalties (| Industrial royalties (patents, trademarks, etc.) . | | <u>ო</u> | | | | | | | | |
| 4 | Motion picture or T. | Motion picture or T.V. copyright royalties | | 4 | | | | | | | | |
| 2 | Other royalties (cop | Other rovalties (copyrights, recording, publishing, etc.) | 1, etc.) | | | | | | | | | |
| 9 | Real property incom | Real property income and natural resources royalties | alties | | | | | | | | | |
| 7 | Pensions and annuities | ties | | | | | | | | | | |
| æ | Social security benefits | Hits | | ω | | | | | | | | |
| 6 | Capital gain from line 18 below | ne 18 below | | ი | | | | | | | | |
| 10 | Gambling-Residen | Gambling—Residents of Canada only. Enter net income in colum | income in column (c). | | | | | | | | | |
| | If zero or less, enter -0 | er -0 | | | | | | | | | | |
| æ | Winnings | 10 | | | | | | | | | | |
| q | Losses | |): | . 100 | | | L | 0 | | | | |
| Ξ | Gambling winnings- | Gambling winnings — Residents of countries other than Canada | er than Canada. | | | | | | | | | |
| | Note: Losses not allowed | pawoll | | = | 0 | | | 0 | 0 | | | |
| 12 | Other (specify) ▶ | | | | | | | | | Ļ | | |
| 1 | ((((()))) | | | 12 | | | | | | | | |
| 13 | Add lines 1a through | Add lines 1a through 12 in columns (a) through (d) | (C | 13 | 0 | 0 | | 0 | 200 | | 0 | |
| 4 | Multiply line 13 by | Multiply line 13 by rate of tax at top of each column | | 4- | 0 | 0 | | 0 | 0 | | 0 | |
| <u>,</u> | Tax on income no | Tax on income not effectively connected with a 11S trade or his inases. Add columns (a) through (d) | with a H S. trade or | A segment | t (e) sumilor pr | | of line 11 Enter the total here | 1 10101 | 200 | |) | |
| 2 | Form 1040NR, line 54 . | 54 | | | | | | . (Clair | Ē . | 15 | 0 | |
| | |) | Capital Gains and | and Losses From | m Sales or Ex | Sales or Exchanges of Property | roperty | | | | | |
| Enter only to losses from exchanges sources | Enter only the capital gains and losses from property sales or axchanges that are from sources within the United States and not effectively. | (if necessary, attach statement of description (if necessary, attach statement of descriptive details not shown below) | | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Sales price | (e) Cost or other basis | r other | (f) LOSS If (e) is more than (d), subtract (d) from (e) | | (g) GAIN If (d) is more than (e), subtract (e) from (d) | <u>@</u> |
| connect | n a U.S | | | | | | | | | | | |
| disposing | ig of a U.S. real | | | | | | | | | | | |
| property gains ar | property interest; report these gains and losses on Schedule D | | | | | | | | | | | |
| (Form 1040). | | | | | | | | | | | | |
| Report exchang | Report property sales or exchanges that are effectively | | | | | | | | | | | |
| connect on Sch | connected with a U.S. business on Schedule D (Form 1040), | 17 | (g) of line 16 | | | | | 17 | | (| | |
| Form 4: | Form 4797, or both. | 18 | Capital gain. Combine columns (f) and (g) of line 17 | ı) of line 17. E | . Enter the net gain here and on line 9 above (if a loss, enter | here and on lir | ıe 9 above (if a | loss, en | ▲ (-0- | 18 | | |
| | | | | | | | | | | Form | Form 1040NR (2017) | 017) |

Form 1040NR (2017) Page **5**

| | | Schedule OI-O | Other Information (se Answer all questions | e instructions) | |
|--------|---|---|--|---|---|
| Α | Of what country or countries | were you a citizen or nation | - | CHINA | |
| В | In what country did you clair | n residence for tax purpos | es during the tax year? | CLUNA | |
| С | Have you ever applied to be | a green card holder (lawfu | Il permanent resident) of t | the United States? | 🗌 Yes 🗵 No |
| D | Were you ever: 1. A U.S. citizen? 2. A green card holder (lawfulf you answer "Yes" to (1) or | ıl permanent resident) of th | ne United States? | | Yes 🗵 No |
| E | If you had a visa on the las immigration status on the las | | | did not have a visa, ente | |
| F | Have you ever changed your If you answered "Yes," indic | r visa type (nonimmigrant s ate the date and nature of | status) or U.S. immigration the change. B2 - TOU | n status? | 🛛 Yes 🗌 No |
| G | List all dates you entered an Note: If you are a resident of check the box for Canada | f Canada or Mexico AND o | commute to work in the U | nited States at frequent i | ntervals, Mexico |
| | Date entered United States mm/dd/yy | Date departed United State mm/dd/yy | Date | e entered United States mm/dd/yy | Date departed United States mm/dd/yy |
| | 02/12/2017 | 02/19/2017 | | | |
| | 09/08/2017 | 12/10/2017 | | | |
| | 12/29/2017 | | | | |
| | 12/20/2011 | | | | |
| H I | Give number of days (including 2015 0 | , 2016_0 x return for any prior year? | , and 2017 | 105 | . □ Yes ☒ No |
| J | Are you filing a return for a tr If "Yes," did the trust have U.S. person, or receive a con | a U.S. or foreign owner u | nder the grantor trust rul | | Yes No or loan to a |
| K | Did you receive total competer "Yes," did you use an alter | | | oensation? | |
| L | Income Exempt from Tax—foreign country, complete (1) | through (3) below. See Pu | ub. 901 for more informat | ion on tax treaties. | |
| | Enter the name of the co- benefit, and the amount of | of exempt income in the co | lumns below. Attach For | | nstructions. |
| | (a) Count | try | (b) Tax treaty article | (c) Number of months claimed in prior tax years | (d) Amount of exempt income in current tax year |
| HIN | IA | | 20(c) | 12 | 5000 |
| | | | | | |
| | | | | | |
| (e) | Total. Enter this amount on | Form 1040NR, line 22. Do | not enter it on line 8 or lir | ne 12 | 5000 |
| | 2. Were you subject to tax in | | | | Yes X No |
| | 3. Are you claiming treaty be | | petent Authority determin | ation? | 🗌 Yes 🗵 No |

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

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

For the year January 1—December 31, 2017, or other tax year beginning

Last name

, 2017, and ending , 20

Your U.S. taxpayer identification number, if any

| TON | GXIN | LI | | 397-71-9647 | |
|---------|--------------------------------|--|-------------------|--|------|
| Fill in | | Address in country of residence | Address in the Ur | | |
| addre | sses only if | ROOM 206, UNIT 3, BUILDING 12, BLOCK A, WHEN QUAN | CHEOLS COUNTING | CATYALANABEI HUAN ROAD | |
| | e filing this by itself and | CHINA, SHANXI | APT 103 | | |
| | th your tax | HOUMA | PASADENA, | CA 91106 | |
| return | | CHINA 043000 | | | |
| Part | General | Information | | | |
| 1a | Type of U.S. v | sa (for example, F, J, M, Q, etc.) and date you entered t | he United Stat | es ► B2 02/12/2017 | |
| b | Current nonim | migrant status. If your status has changed, also enter da | ate of change a | and previous status. See instructions. | |
| | F1 08/10/2017 | | | | |
| 2 | Of what count | γ or countries were you a citizen during the tax year? $_{	extstyle Q}$ | HINA | | |
| 3a | What country | or countries issued you a passport? CHINA | | | |
| b | Enter your pas | sport number(s) ► <u>G51954862</u> | | | |
| | | al number of days you were present in the United States | | | |
| | 2017 105 | 2016 <u>0</u> 2015 <u>0</u> | | | |
| b | | per of days in 2017 you claim you can exclude for purpo | ses of the sub | stantial presence test > 105 | |
| Part | Teacher | rs and Trainees | | | |
| 5 | For teachers, e | enter the name, address, and telephone number of the a | cademic instit | ution where you taught in 2017 ▶ | |
| | | | | | |
| | | | | | |
| 6 | For trainees, e | enter the name, address, and telephone number of the | e director of the | ne academic or other specialized prog | jram |
| | you participate | ed in during 2017 | <u> </u> | | |
| | | | | | |
| | | | | | |
| 7 | Enter the type | of U.S. visa (J or Q) you held during: ► 2011 | | 2012 | |
| | 2013 | | If | the type of visa you held during any | |
| | of these years | changed, attach a statement showing the new visa type | e and the date | it was acquired. | |
| 8 | Were you pres | sent in the United States as a teacher, trainee, or stu | dent for any p | | |
| | - | (2011 through 2016)? | | | No |
| | | the "Yes" box on line 8, you cannot exclude days of pr | esence as a te | eacher or trainee unless | |
| | | Exception explained in the instructions. | | | |
| Part | | | | | |
| 9 | | e, address, and telephone number of the academic insti | - | | |
| | CALIFORNIA IN | STITUTE OF TECHNOLOGY, 1200 E. CALIFORNIA BLVD MC | 2 156-84, PASAI | DENA, 91125, 6263956811 | |
| | | | | | |
| 10 | | e, address, and telephone number of the director of the | | | ated |
| | in during 2017 | ► DANIEL YODER, 1200 E. CALIFORNIA BLCD MC 250-80 | 6, PASADENA, 0 | JA, 91125, 6263956330 | |
| | | | | | |
| 4.4 | Fata that | | | | |
| 11 | Enter the type | of U.S. visa (F, J, M, or Q) you held during: ► 2011 2014 J1 2015 2016 | | 2012 | |
| | 2013 | | . IT | the type of visa you neid during any | |
| | _ | changed, attach a statement showing the new visa type | | • | |
| 12 | - | ent in the United States as a teacher, trainee, or studen | | | N |
| | • | | | | NO |
| | | d the "Yes" box on line 12, you must provide sufficier you do not intend to reside permanently in the United St | | attached statement to | |
| | • | | | | |
| 13 | | lid you apply for, or take other affirmative steps to apply | | | |
| | | States or have an application pending to change your | | | N |
| 4.4 | resident of the | United States? | | | NO |
| 14 | ir you checked | the "Yes" box on line 13, explain ▶ | | | |
| | | | | | |

Form 8843 (2017) 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 2017 and the date etition ▶ | |
| 16 | event(s | the name(s) and employer identification number(s) of the charitable organization(s) that benefited from the sp | |
| Part | Note: ` | You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charit ization(s) listed on line 16. | |
| 17a | Descri | ibe the medical condition or medical problem that prevented you from leaving the United States ▶ | |
| b | Enter t | the date you intended to leave the United States prior to the onset of the medical condition or medical problem describe 17a | |
| С | Enter t | the date you actually left the United States ► | |
| 18 | Physic | cian's Statement: | |
| | I certify | fy that | |
| | | Name of taxpayer | |
| | | weekle to be so the United Otates on the data through the 47k has some of the modified and this or one of the | . 1 |
| | | inable to leave the United States on the date shown on line 17b because of the medical condition or medical prob ibed on line 17a and there was no indication that his or her condition or problem was preexisting. | iem |
| | | | |
| | | | |
| | | 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 | |
| re fil his fo tself | f you ing orm by and | Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and, to the best of my knowledge and be they are true, correct, and complete. | pelief, |
| ot w our t | | 03.22.18 | |
| eturr | 1 | Your signature Date | |
| | | | |

Form **8843** (2017)