

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20 \_\_\_\_\_

See separate instructions.

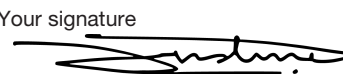
Your first name and middle initial		Last name		Your identifying number (see instructions)	
JUSTINE		GEORGE		1 9 8   1 1   8 2 3 3	
Home address (number and street). If you have a P.O. box, see instructions.					Apt. no.
7421 FRANKFORD RD					APT 1636
City, town, or post office. If you have a foreign address, also complete spaces below.				State	ZIP code
DALLAS				TX	75252
Foreign country name		Foreign province/state/county		Foreign postal code	

Filing Status	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married filing separately (MFS)	<input type="checkbox"/> Qualifying surviving spouse (QSS)	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust
	If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____				

Digital Assets	At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Dependents (see instructions):	(1) First name	Last name	(2) Dependent's identifying number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.):
					Child tax credit
					Credit for other dependents
					<input type="checkbox"/>
					<input type="checkbox"/>

Income Effectively Connected With U.S. Trade or Business	1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	14160	
	b	Household employee wages not reported on Form(s) W-2			1b		
	c	Tip income not reported on line 1a (see instructions)			1c		
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d		
	e	Taxable dependent care benefits from Form 2441, line 26			1e		
	f	Employer-provided adoption benefits from Form 8839, line 29			1f		
	g	Wages from Form 8919, line 6			1g		
	h	Other earned income (see instructions)			1h		
	i	Reserved for future use			1i		
	j	Reserved for future use			1j		
	k	Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e)			1k	0	
	z	Add lines 1a through 1h			1z	14160	
	2a	Tax-exempt interest	2a		b Taxable interest	2b	
	3a	Qualified dividends	3a		b Ordinary dividends	3b	
	4a	IRA distributions	4a	0	b Taxable amount	4b	0
5a	Pensions and annuities	5a	0	b Taxable amount	5b	0	
6	Reserved for future use			6			
7	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here			7	0		
8	Additional income from Schedule 1 (Form 1040), line 10			8	0		
9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your <b>total effectively connected income</b>			9	14160		
10	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your <b>total adjustments to income</b>			10	0		
11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>			11	14160		
12	<b>Itemized deductions</b> (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions). <u>Standard Deduction Allowed Under U.S. - India Income Tax Treaty</u>			12	13850		
13a	Qualified business income deduction from Form 8995 or Form 8995-A			13a			
b	Exemptions for estates and trusts only (see instructions)			13b			
c	Add lines 13a and 13b			13c			
14	Add lines 12 and 13c			14	13850		
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>			15	310		

<b>Tax and Credits</b>	<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	<b>31</b>									
	<b>17</b>	Amount from Schedule 2 (Form 1040), line 3 . . . . .	<b>17</b>	<b>0</b>									
	<b>18</b>	Add lines 16 and 17 . . . . .	<b>18</b>	<b>31</b>									
	<b>19</b>	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040) . . . . .	<b>19</b>	<b>0</b>									
	<b>20</b>	Amount from Schedule 3 (Form 1040), line 8 . . . . .	<b>20</b>	<b>0</b>									
	<b>21</b>	Add lines 19 and 20 . . . . .	<b>21</b>	<b>0</b>									
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	<b>22</b>	<b>31</b>									
	<b>23a</b>	Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15 . . . . .	<b>23a</b>	<b>0</b>									
	<b>b</b>	Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21 . . . . .	<b>23b</b>	<b>0</b>									
	<b>c</b>	Transportation tax (see instructions) . . . . .	<b>23c</b>	<b>0</b>									
	<b>d</b>	Add lines 23a through 23c . . . . .	<b>23d</b>	<b>0</b>									
	<b>24</b>	Add lines 22 and 23d. This is your <b>total tax</b> . . . . .	<b>24</b>	<b>31</b>									
<b>Payments</b>	<b>25</b>	Federal income tax withheld from:											
	<b>a</b>	Form(s) W-2 . . . . .	<b>25a</b>	<b>1345</b>									
	<b>b</b>	Form(s) 1099 . . . . .	<b>25b</b>	<b>0</b>									
	<b>c</b>	Other forms (see instructions) . . . . .	<b>25c</b>	<b>0</b>									
	<b>d</b>	Add lines 25a through 25c . . . . .	<b>25d</b>	<b>1345</b>									
	<b>e</b>	Form(s) 8805 . . . . .	<b>25e</b>	<b>0</b>									
	<b>f</b>	Form(s) 8288-A . . . . .	<b>25f</b>	<b>0</b>									
	<b>g</b>	Form(s) 1042-S . . . . .	<b>25g</b>	<b>0</b>									
	<b>26</b>	2023 estimated tax payments and amount applied from 2022 return . . . . .	<b>26</b>	<b>0</b>									
	<b>27</b>	Reserved for future use . . . . .	<b>27</b>										
<b>28</b>	Additional child tax credit from Schedule 8812 (Form 1040) . . . . .	<b>28</b>	<b>0</b>										
<b>29</b>	Credit for amount paid with Form 1040-C . . . . .	<b>29</b>	<b>0</b>										
<b>30</b>	Reserved for future use . . . . .	<b>30</b>											
<b>31</b>	Amount from Schedule 3 (Form 1040), line 15 . . . . .	<b>31</b>	<b>0</b>										
	<b>32</b>	Add lines 28, 29, and 31. These are your <b>total other payments and refundable credits</b> . . . . .	<b>32</b>	<b>0</b>									
	<b>33</b>	Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your <b>total payments</b> . . . . .	<b>33</b>	<b>1345</b>									
<b>Refund</b>	<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .	<b>34</b>	<b>1314</b>									
	<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> . . . . .	<b>35a</b>	<b>1314</b>									
	<b>b</b>	Routing number <table border="1"><tr><td>1</td><td>1</td><td>1</td><td>0</td><td>0</td><td>0</td><td>6</td><td>1</td><td>4</td></tr></table> <b>c</b> Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings	1	1	1	0	0	0	6	1	4		
	1	1	1	0	0	0	6	1	4				
	<b>d</b>	Account number <table border="1"><tr><td>3</td><td>9</td><td>5</td><td>6</td><td>2</td><td>8</td><td>6</td><td>7</td><td>7</td><td>8</td></tr></table>	3	9	5	6	2	8	6	7	7	8	
3	9	5	6	2	8	6	7	7	8				
<b>e</b>	If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here. _____												
	<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b> . . . . .	<b>36</b>	<b>0</b>									
<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions . . . . .	<b>37</b>	<b>0</b>									
	<b>38</b>	Estimated tax penalty (see instructions) . . . . .	<b>38</b>										
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions. <input type="checkbox"/> <b>Yes</b> . Complete below. <input type="checkbox"/> <b>No</b>												
	Designee's name _____	Phone no. _____	Personal identification number (PIN) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>										
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.												
	Your signature 	Date <b>03/10/2024</b>	Your occupation <b>STUDENT</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>									
Phone no. _____	Email address _____												
<b>Paid Preparer Use Only</b>	Preparer's name _____	Preparer's signature _____	Date _____	PTIN _____									
	Firm's name _____	Phone no. _____		Check if: <input type="checkbox"/> Self-employed									
	Firm's address _____	Firm's EIN _____											

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

Department of the Treasury  
Internal Revenue Service

**Other Information**

Attach to Form 1040-NR.

Go to [www.irs.gov/Form1040NR](http://www.irs.gov/Form1040NR) for instructions and the latest information.

Answer all questions.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **7C**

Name shown on Form 1040-NR

JUSTINE GEORGE

Your identifying number

198-11-8233

- A** Of what country or countries were you a citizen or national during the tax year? INDIA
- B** In what country did you claim residence for tax purposes during the tax year? INDIA
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? ☐ Yes ☒ No
- D** Were you ever:
1. A U.S. citizen? ☐ Yes ☒ No
2. A green card holder (lawful permanent resident) of the United States? ☐ Yes ☒ No
- If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. F1
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? ☐ Yes ☒ No
- If you answered "Yes," indicate the date and nature of the change: \_\_\_\_\_
- G** List all dates you entered and left the United States during 2023. See instructions.
- Note:** If you're a resident of Canada or Mexico **AND** commute to work in the United States at frequent intervals, **check the box for Canada or Mexico** and skip to item H. ☐ Canada ☐ Mexico
- | Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy | Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy |
|--|---|--|---|
| 01/01/2023                             | 12/17/2023                              |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:  
2021 0, 2022 142, and 2023 351
- I** Did you file a U.S. income tax return for any prior year? ☐ Yes ☒ No
- If "Yes," give the latest year and form number you filed: \_\_\_\_\_
- J** Are you filing a return for a trust? ☐ Yes ☒ No
- If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? ☐ Yes ☐ No
- K** Did you receive total compensation of \$250,000 or more during the tax year? ☐ Yes ☒ No
- If "Yes," did you use an alternative method to determine the source of this compensation? ☐ Yes ☐ No
- L** Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.
1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.
- | (a) Country | (b) Tax treaty article | (c) Number of months<br>claimed in prior tax years | (d) Amount of exempt<br>income in current tax year |
|-------------|------------------------|--|--|
|             |                        |  |  |
|             |                        |  |  |
|             |                        |  |  |
- (e) Total.** Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 . . .
2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? ☐ Yes ☒ No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? ☐ Yes ☒ No
- If "Yes," attach a copy of the Competent Authority determination letter to your return.
- M** Check the applicable box if:
1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ☐
2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions. ☐

**Statement for Exempt Individuals and Individuals  
With a Medical Condition****For use by alien individuals only.**Go to [www.irs.gov/Form8843](http://www.irs.gov/Form8843) for the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **102**Department of the Treasury  
Internal Revenue ServiceFor the year January 1—December 31, 2023, or other tax year  
beginning , 2023, and ending , 20 .

Your first name and initial

JUSTINE

Last name

GEORGE

Your U.S. taxpayer identification number (TIN), if any

198-11-8233

**Fill in your  
addresses only if  
you are filing this  
form by itself and  
not with your U.S.  
tax return.**

Address in country of residence

NANTHALATH HOUSE  
CHAKKITTAPARA PO  
KOZHIKODE DIST  
INDIA 673526

Address in the United States

7421 FRANKFORD RD  
APT 1636  
DALLAS, TX 75252**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 08/12/2022
- b** Current nonimmigrant status. If your status has changed, also enter date of change and previous status. See instructions.  
F1
- 2** Of what country or countries were you a citizen during the tax year? INDIA
- 3a** What country or countries issued you a passport? INDIA
- b** Enter your passport number(s): R5117579
- 4a** Enter the actual number of days you were present in the United States during:  
2023 351 2022 142 2021 0
- b** Enter the number of days in 2023 you claim you can exclude for purposes of the substantial presence test: 351

**Part II Teachers and Trainees**

- 5** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2023: \_\_\_\_\_
- 6** For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2023: \_\_\_\_\_
- 7** Enter the type of U.S. visa (J or Q) you held during: 2017 \_\_\_\_\_ 2018 \_\_\_\_\_  
2019 \_\_\_\_\_ 2020 \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 \_\_\_\_\_. 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.
- 8** Were you exempt as a teacher, trainee, or student for any part of 2 of the preceding 6 calendar years (2017  
through 2022)? ☐ Yes ☒ No  
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.

**Part III Students**

- 9** Enter the name, address, and telephone number of the academic institution you attended during 2023: \_\_\_\_\_  
UNIVERSITY OF TEXAS- DALLAS, 800 WEST CAMPBELL RD., SSB34., RICHARDSON, TX, 75080, 9728832111
- 10** Enter the name, address, and telephone number of the director of the academic or other specialized program you participated  
in during 2023: SARAH KU, 800 WEST CAMPBELL RD., SSB34., RICHARDSON, TX, 75080, 9728832111
- 11** Enter the type of U.S. visa (F, J, M, or Q) you held during: 2017 \_\_\_\_\_ 2018 \_\_\_\_\_  
2019 \_\_\_\_\_ 2020 \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 F1. 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.
- 12** Were you exempt as a teacher, trainee, or student for any part of more than 5 calendar years? ☐ Yes ☒ No  
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 2023, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status  
in the United States or have an application pending to change your status to that of a lawful permanent  
resident of the United States? ☐ Yes ☒ No
- 14** If you checked the "Yes" box on line 13, explain: \_\_\_\_\_

**Part IV Professional Athletes**

**15** Enter the name of the charitable sports event(s) in the United States in which you competed during 2023 and the dates of competition: .....

**16** Enter the name(s) and employer identification number(s) of the charitable organization(s) that benefited from the sports event(s): .....

**Note:** You must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable organization(s) listed on line 16.

**Part V Individuals With a Medical Condition or Medical Problem**

**17a** Describe the medical condition or medical problem that prevented you from leaving the United States. See instructions. ....

**b** Enter the date you intended to leave the United States prior to the onset of the medical condition or medical problem described on line 17a: .....

**c** Enter the date you actually left the United States: .....

**18 Physician's Statement:**

I certify that \_\_\_\_\_  
Name of taxpayer

was unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem described on line 17a and there was no indication that their 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 here only if you are filing this form by itself and not with your U.S. tax return.**

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.

03.10.24

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date