

Submitting Your 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-EZ (your tax return) and all required attachments.** Nonresident Aliens are NOT ALLOWED to electronically file an income tax return. **The IRS does not allow GTP to submit your tax documents for you.**
 - ✓ **Sign and date your tax return** - *it is not considered a valid tax return until it is signed!*
 - ✓ **Because you are due a refund, MAIL your signed and dated tax documents to the following address -**
no street address is needed.
**Department of the Treasury
Internal Revenue Service Center
Austin, TX 73301-0215
USA**
 - ✓ **Don't forget anything!** *Make sure you attach all the necessary documents in the following order:*

FIRST - Copy B of each **Form W-2** - *attach to the front of Form 1040NR-EZ*
THEN - **Form 1040NR-EZ**
THEN - **Form 8843**
- Notes:** If you received a Form 1098-T, **do not** attach it to your Form 1040NR-EZ. If you received a Form 1095-B or 1095-C **do not** attach it to your Form 1040NR-EZ.
- ✓ **Based on your situation, you MUST submit your signed and dated tax documents on or before April 18, 2016.**
 - ✓ **MAKE and KEEP A COPY OF YOUR SIGNED AND DATED Form 1040NR-EZ AND DOCUMENTS!** *You must keep the copy of your signed tax return and documents for three calendar years after the year in which you file. Keep the copy of your tax return even after you leave the U.S., you may be asked to show proof that you complied with U.S. tax laws when applying for future entry to the U.S.*
 - ✓ **You may also be required to file a STATE tax return for each state in which you lived or worked during 2015.** **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 2015 for more information.

THANK YOU for using GTP!

Please tell us what you think about GTP. Send your comments to help@glaciertax.com

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**U.S. Income Tax Return for Certain
Nonresident Aliens With No Dependents****2015**Department of the Treasury
Internal Revenue Service► Information about Form 1040NR-EZ and its instructions is at www.irs.gov/form1040nrez.Please print or type.
See separate instructions.

Your first name and initial Mahendra	Last name Duwal Shrestha	Identifying number (see instructions) 273375894
Present home address (number, street, and apt. no., or rural route). If you have a P.O. box, see instructions. 2733 Jersey Ave Apt B202		
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Knoxville, TN 37919		
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status
Check only one box.**1** ☒ Single nonresident alien **2** ☐ Married nonresident alien

Attach Form(s) W-2 or 1042-S here. Also attach Form(s) 1099-R if tax was withheld.

3	Wages, salaries, tips, etc. Attach Form(s) W-2	3	21746	69
4	Taxable refunds, credits, or offsets of state and local income taxes	4	0	00
5	Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement.	5	0	00
6	Total income exempt by a treaty from page 2, Item J(1)(e)	6	0	00
7	Add lines 3, 4, and 5	7	21746	69
8	Scholarship and fellowship grants excluded	8	0	00
9	Student loan interest deduction	9	0	00
10	Subtract the sum of line 8 and line 9 from line 7. This is your adjusted gross income	10	21746	69
11	Itemized deductions (see instructions)	11	0	00
12	Subtract line 11 from line 10	12	21746	69
13	Exemption (see instructions)	13	4000	00
14	Taxable income. Subtract line 13 from line 12. If line 13 is more than line 12, enter -0-	14	17746	69
15	Tax. Find your tax in the tax table in the instructions	15	2198	00
16	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	16		
17	Add lines 15 and 16. This is your total tax	17	2198	00
18a	Federal income tax withheld from Form(s) W-2 and 1099-R	18a	2836	72
b	Federal income tax withheld from Form(s) 1042-S	18b	0	00
19	2015 estimated tax payments and amount applied from 2014 return	19	0	00
20	Credit for amount paid with Form 1040-C	20		
21	Add lines 18a through 20. These are your total payments	21	2836	72

RefundDirect deposit?
See instructions.

22	If line 21 is more than line 17, subtract line 17 from line 21. This is the amount you overpaid	22	638	72									
23a	Amount of line 22 you want refunded to you . If Form 8888 is attached, check here ► <input type="checkbox"/>	23a	638	72									
b	Routing number <table><tr><td>0</td><td>6</td><td>4</td><td>2</td><td>0</td><td>7</td><td>1</td><td>9</td><td>5</td></tr></table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	0	6	4	2	0	7	1	9	5			
0	6	4	2	0	7	1	9	5					
d	Account number <table><tr><td>1</td><td>8</td><td>8</td><td>0</td><td>3</td><td>3</td><td>9</td><td>7</td><td>3</td></tr></table>	1	8	8	0	3	3	9	7	3			
1	8	8	0	3	3	9	7	3					
e	If you want your refund check mailed to an address outside the United States not shown above, enter that address here:												
24	Amount of line 22 you want applied to your 2016 estimated tax ►	24											

Amount You Owe

25	Amount you owe. Subtract line 21 from line 17. For details on how to pay, see instructions ►	25		
26	Estimated tax penalty (see instructions)	26		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No								
Designee's name ►	Phone no. ►	Personal identification number (PIN) ► <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

Sign Here

Keep a copy of this return for your records.

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 accurately list all amounts and sources of U.S. source income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
Your signature ►	Date	Your occupation in the United States Student						
		If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ►	Firm's EIN ►			
Firm's address ►	Phone no.			

Schedule OI- Other Information (see instructions)

Answer all questions

- A** Of what country or countries were you a citizen or national during the tax year? Nepal
- B** In what country did you claim residence for tax purposes during the tax year? Nepal
- 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 may apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1 Student
- 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 2015 (see instructions).
Note. If you are 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 mm/dd/yy	Date departed United States mm/dd/yy
/ /	/ /
/ /	/ /
/ /	/ /
/ /	/ /

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy
/ /	/ /
/ /	/ /
/ /	/ /
/ /	/ /

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:
 2013 0 , 2014 147 , and 2015 365 .
- 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 ► 2014 Form 1040NR
- J** 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 claimed in prior tax years	(d) Amount of exempt income in current tax year

(e) Total. Enter this amount on Form 1040NR-EZ, line 6. Do not enter it on line 3 or line 5 0 00

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.

**Statement for Exempt Individuals and Individuals
With a Medical Condition****For use by alien individuals only.**► Information about Form 8843 and its instructions is at www.irs.gov/form8843.

OMB No. 1545-0074

2015Attachment
Sequence No. **102**Department of the Treasury
Internal Revenue ServiceFor the year January 1—December 31, 2015, or other tax year
beginning , 2015, and ending , 20 .

Your first name and initial

Mahendra

Last name

Duwal Shrestha

Your U.S. taxpayer identification number, if any

273375894**Fill in your
addresses only if
you are filing this
form by itself and
not with your tax
return**

Address in country of residence

Address in the United States

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 08/07/2014**b** Current nonimmigrant status and date of change (see instructions) ► F1 Student**2** Of what country were you a citizen during the tax year? Nepal**3a** What country issued you a passport? Nepal**b** Enter your passport number ► 05473750**4a** Enter the actual number of days you were present in the United States during:2015 365 2014 147 2013 0**b** Enter the number of days in 2015 you claim you can exclude for purposes of the substantial presence test ► 365**Part II Teachers and Trainees****5** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2015 ►**6** For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2015 ►**7** Enter the type of U.S. visa (J or Q) you held during: ► 2009 _____ 2010 _____
2011 _____ 2012 _____ 2013 _____ 2014 _____. 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 present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior
calendar years (2009 through 2014)? ☐ 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 2015 ►The University of Tennessee 1620 Melrose Avenue Knoxville, TN 37996
865-974-3177**10** Enter the name, address, and telephone number of the director of the academic or other specialized program you participated
in during 2015 ► Scott CantrellThe University of Tennessee 1620 Melrose Avenue Knoxville, TN 37996
865-974-3177**11** Enter the type of U.S. visa (F, J, M, or Q) you held during: ► 2009 _____ 2010 _____
2011 _____ 2012 _____ 2013 _____ 2014 F-1 . If the type of visa you held during any
of these years changed, attach a statement showing the new visa type and the date it was acquired.**12** Were you present in the United States 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 2015, 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 2015 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 ►

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 his or her condition or problem was preexisting.

Name of physician or other medical official

Physician's or other medical official's address and telephone number

Physician's or other medical official's signature

Date

Sign here only if you are filing this form by itself and not with your 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.

► _____
Your signature

► _____
Date