

Tax Summary Report

managed and the Property at the or Property		_	
mmary of information Enter	red Into GLACIER™:		
Name:	Noel Alben		2021 - 7 Days
SSN / ITIN:	ApplyForSSN		
Email Address:	noelalben@gatech.edu		
Country of Tax Residence:	India		
Country of Citizenship:	India		
Current Immigration Status:	F1 Student		to be seen and the second
Original Immigration Status:	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	A l	
migration Status Expiration: GTID#:	June 27, 2026 903665539	Changed immigration Statu	gration Status? No
EMPL#:	903003339	Immigration Statu	Entry to U.S.: August 17, 2021
LMFL#.		Estimated Date	e of Departure: August 27, 2023
x Determinations and Resu	Its Based on the data er	tered GLACIER has mad	e the following determinations:
Tax Re	sidency Status: Nonreside	ent Alien for U.S. Tax Purpose	S
Residency Statu	s Change Date: July 3, 20	26 to Resident Alien	
	atus Start Date: January 1		
Residency Status Change Date			
Residency Status Start Date	2 (if applicable):		
	Compensation	n/Wages/Salary	
Applicable (If Tax Treaty Does Not Apply of	e Tax Withholding Rate:	Single (Monthly)	
	reaty Exemption Status:	Taxable	- ^
	Tax Treaty Time Limit:	Not Applicable	TA
Tax Tr	reaty Exemption Period:	Not Applicable	
	Tax Treaty Dollar Limit:	Not Applicable	
		FICA Tax Start Date:	January 1, 2026
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FICA Tax Status: Exempt equired Forms and Docume	ent Copies Attach the fo	llowing Forms and Docum	January 1, 2026 ents to the Tax Summary Report ubmit with Tax Summary Report
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Date: Date:

North-

Signature:



Tax Summary Report Instructions

Congratulations - You Have Completed Your Individual Record in GLACIER!

You are almost finished . . .

- Review, sign and date each of the Required Forms (see list on previous page);
- Submit the Required Forms and a copy of each of the Required Documents (see list on previous page) following the instructions below.

Please submit all Required Forms and Document Copies to:

Please submit tax documents via the Tax Document Upload e-form in iStart under the Foreign National Affiliates and Employees heading. Do not email forms as it is not secure.

GLACIER Administrator: Jessica Dunn

International Tax Compliance Specialist

jessicadunn@gatech.edu

404-385-1657

All Required Forms and Document Copies must be submitted within 5 days; failure to submit all Required Forms and Document Copies on time may result in tax withheld from payments made to you.

If any information in your Individual Record changes, you must access GLACIER and update your Individual Record as soon as possible.

If you have any questions, please contact the GLACIER Administrator listed above.

Thank you for your prompt attention to this matter.

Additional Information, if any

Based on the information provided, you have indicated that you have recently or will soon apply for a U.S.-issued Social Security Number ("SSN"). Georgia Institute of Technology is required to collect your SSN or a copy of receipt of application for a SSN when making any payments to you. Please make a copy of your social security card or application for SSN and provide it as soon as possible to the Institution Administrator.

W-A

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ► Give Form W-4 to your employer.

OMB No. 1545-0074

Internal Revenue Service ▶ Your withholding is subject to review by the IRS. (a) First name and middle initial Last name Step 1: Noel Alben Enter Address Personal Does your name match the The Standard at Atlanta, Unit 507 D 708 Spring St NW name on your social security card? If not, to ensure you get Information City or town, state, and ZIP code credit for your earnings, contact SSA at 800-772-1213 or go to Atlanta, GA 30308 Single or Married filing separately Married filing jointly or Qualifying widow(er) Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy. Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. **Multiple Jobs** or Spouse Do only one of the following. Works (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator. Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.) Step 3: If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Claim Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ **Dependents** Multiply the number of other dependents by \$500 ▶ \$ Add the amounts above and enter the total here . . . 3 Step 4 (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may (optional): 4(a) \$ Other **Adjustments** (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and 4(b) |\$ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. Sign 2021 09/24 Here Employee's signature (This form is not valid unless you sign it.) **Employers** Employer's name and address First date of Employer identification number (EIN) employment Only