

Form

**1040X****Amended U.S. Individual Income Tax Return**

OMB No. 1545-0074

(Rev. January 2018) **Go to [www.irs.gov/Form1040X](http://www.irs.gov/Form1040X) for instructions and the latest information. This return is for****calendar year** ☒ 2017 ☐ 2016 ☐ 2015 ☐ 2014**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial	Last name	Your social security number
VENKATA NAGA CHAITAN	NANDHYALA	205-97-6873
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Current home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Your phone number
2601 PARKCENTER DR	C1005	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		

Foreign country name	Foreign province/state/county	Foreign postal code
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**Amended return filing status.** You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.

- ☐ Single ☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)  
☐ Married filing jointly ☐ Qualifying widow(er)  
☐ Married filing separately

**Full-year coverage.**

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No."

See instructions.

☐ Yes ☐ No

Use Part III on page 2 to explain any changes

**Income and Deductions**

- 1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ☐ **1**  
2 Itemized deductions or standard deduction **2**  
3 Subtract line 2 from line 1 **3**  
4 Exemptions. **If changing, complete Part I on page 2 and enter the amount from line 29** **4**  
5 Taxable income. Subtract line 4 from line 3 **5**

**Tax Liability**

- 6 Tax. Enter method(s) used to figure tax (see instructions): **6**  
7 Credits. If a general business credit carryback is included, check here ☐ **7**  
8 Subtract line 7 from line 6. If the result is zero or less, enter -0- **8**  
9 Health care: individual responsibility (see instructions) **9**  
10 Other taxes **10**  
11 Total tax. Add lines 8, 9, and 10 **11**

**Payments**

- 12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (**If changing**, see instructions.) **12**  
13 Estimated tax payments, including amount applied from prior year's return **13**  
14 Earned income credit (EIC) **14**  
15 Refundable credits from: ☐ Schedule 8812 ☐ Form(s) ☐ 2439  
☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or  
☐ other (specify): **15**

- 16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed **16**  
17 Total payments. Add lines 12 through 15, column C, and line 16 **17**

**Refund or Amount You Owe**

- 18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS **18**  
19 Subtract line 18 from line 17 (If less than zero, see instructions.) **19**  
20 **Amount you owe.** If line 11, column C, is more than line 19, enter the difference **20**  
21 If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return **21**  
22 Amount of line 21 you want **refunded to you** **22**  
23 Amount of line 21 you want **applied to your (enter year):** **estimated tax** **23**

Complete and sign this form on Page 2.

For Paperwork Reduction Act Notice, see instructions. Form 1040X (Rev. 1-2018) Form 1040X (Rev. 1-2018) Page 2

**Part I Exemptions**

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

	A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24 Yourself and spouse. <b>Caution:</b> If someone can claim you as a dependent, you can't claim an exemption for yourself . . . . .	<b>24</b>		

- 25 Your dependent children who lived with you . . . . .
- 26 Your dependent children who didn't live with you due to divorce or separation . . . .
- 27 Other dependents . . . . .
- 28 Total number of exemptions. Add lines 24 through 27 . . . . .
- 29 Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form . . .

25			
26			
27			
28			
29			

30 List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

## Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

- ▶ Attach any supporting documents and new or changed forms and schedules.

### Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

### Sign Here

▶

Your signature	Date	Your occupation
▶		
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation

### Paid Preparer Use Only

▶

Preparer's signature	Date	Firm's name (or yours if self-employed)
	07-27-2023	

Print/type preparer's name

Firm's address and ZIP code

PTIN

☐ Check if self-employed

000-000-0000

Phone number

EIN

For forms and publications, visit IRS.gov.

Form 1040X (Rev. 1-2018)

## U.S. Nonresident Alien Income Tax Return

OMB No. 1545-0074

Form 1040NR

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

Department of the Treasury  
Internal Revenue Service

**AMENDED**

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

**2017**

beginning

, 2017, and ending

, 20

Your first name and initial

Last name

Identifying number (see instructions)

EEA

VENKATA NAGA CHAITAN

NANDHYALA

205-97-6873

Present home address (number, street, and apt. no., or rural route). If you have a P.O. box, see instructions.

Check if: ☒ Individual

Please print 2601 PARKCENTER DR APT C1005 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.

Alexandria

Foreign country name

VA 22302

Foreign province/state/county

Foreign postal code

Filing Status

1 Single resident of Canada or Mexico or single U.S. national

4 Married resident of South Korea

2 ☒ Other single nonresident alien

5 Other married nonresident alien

3 Married resident of Canada or Mexico or married U.S. national

6 Qualifying widow(er) (see instructions)

Check only if you checked box 3 or 4 above, enter the information below. Child's name one box. (i) Spouse's first name and initial (ii) Spouse's last name (iii) Spouse's identifying number

Exemptions

7a ☒ Yourself. If someone can claim you as a dependent, do not check box 7a . . . . . Boxes checked

b Spouse. Check box 7b only if you checked box 3 or 4 above and your spouse did not have any U.S. gross income . . . . . No. of children on 7a and 7b 1

If more

c Dependents: (see instructions) (2) Dependent's (3) Dependent's (4) Check if qualifying child for child lived with you  
identifying number relationship to you

than four

(1) First name Last name tax credit (see instr.) did not live with dependents, you due to divorce or separation (see instructions)

see instructions.

number of exemptions claimed . . . . . lines above 1 8 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 8 76,392  
9a Taxable interest . . . . . 9a

Income Effectively

Connected

b Tax-exempt interest. Do not include on line 9a . . . . . 9b

With U.S.

Trade/

Business

10a Ordinary dividends . . . . . 10a  
b Qualified dividends (see instructions) . . . . . 10b

11 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) . . . . . 11

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

14 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here 14

Attach Form(s) 15 Other gains or (losses). Attach Form 4797 . . . . . 15

W-2, 1042-S, 16a IRA distributions . . . . . 16a 16b Taxable amount (see instructions) 16b

SSA-1042S,

17a Pensions and annuities . . . . . 17b Taxable amount (see instructions) 17b

RRB-1042S, and 8288-A 18 Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040) . . . . . 18

18 here. Also 19 Farm income or (loss). Attach Schedule F (Form 1040) . . . . . 19 attach Form(s)

20 Unemployment compensation . . . . . 20

1099-R if tax

21 Other income. List type and amount (see instructions) — 21

was withheld.

22 Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e) 22

23 Combine the amounts in the far right column for lines 8 through 21. This is your total

effectively connected income . . . . . 23 76,392

24 Educator expenses (see instructions) . . . . . 24

**Adjusted**

**Gross**

**25** Health savings account deduction. Attach Form 8889 . . . . . **25**

**Income**

**26** Moving expenses. Attach Form 3903 . . . . . **26**

**27** Deductible part of self-employment tax. Attach Schedule SE (Form 1040) **27**

**28** Self-employed SEP, SIMPLE, and qualified plans . . . . . **28**

**29** Self-employed health insurance deduction (see instructions) . . . . . **29**

**30** Penalty on early withdrawal of savings . . . . . **30**

**31** Scholarship and fellowship grants excluded . . . . . **31**

**32** IRA deduction (see instructions) . . . . . **32**

**33** Student loan interest deduction (see instructions) . . . . . **33**

**34** Domestic production activities deduction. Attach Form 8903 . . . . . **34**

**35** Add lines 24 through 34 . . . . . **35**

**36** Subtract line 35 from line 23. This is your **adjusted gross income** . . . . . **36**

0

76,392

**For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.**

Form **1040NR** (2017)

**Tax and  
Credits****Paid  
Preparer  
Use Only**

EEA

<b>37</b>	Amount from line 36 (adjusted gross income) . . . . .	<b>37</b>	76,392	
<b>38</b>	<b>Itemized deductions</b> from page 3, Schedule A, line 15 U.S.-India Tax Treaty . . . . .			
<b>38</b>	6,350			
<b>39</b>	Subtract line 38 from line 37 . . . . .	<b>39</b>	70,042	<b>40</b>
	Exemptions (see instructions) . . . . .	<b>40</b>	4,050	
<b>41</b>	<b>Taxable income.</b> Subtract line 40 from line 39. If line 40 is more than line 39, enter -0- . . . . .	<b>41</b>	65,992	
<b>42</b>	<b>Tax</b> (see inst.). Check if any is from Form(s): <b>a</b> <input type="checkbox"/> 8814 <b>b</b> <input type="checkbox"/> 4972 <b>42</b>		12,233	
<b>43</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251 . . . . .	<b>43</b>		
<b>44</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>44</b>		
<b>45</b>	Add lines 42, 43, and 44 . . . . .	<b>45</b>		12,233
<b>46</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>46</b>		
<b>47</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>47</b>		
<b>48</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>48</b>		
<b>49</b>	Child tax credit. Attach Schedule 8812, if required . . . . .	<b>49</b>		
<b>50</b>	Residential energy credit. Attach Form 5695 . . . . .	<b>50</b>		
<b>51</b>	Other credits from Form: <b>a</b> 3800 <b>b</b> 8801 <b>c</b> 51			
<b>52</b>	Add lines 46 through 51. These are your <b>total credits</b> . . . . .	<b>52</b>	0	
<b>53</b>	Subtract line 52 from line 45. If line 52 is more than line 45, enter -0- . . . . .	<b>53</b>	12,233	
<b>54</b>	Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule NEC, line 15 . . . . .	<b>54</b>		
<b>55</b>	Self-employment tax. Attach Schedule SE (Form 1040) . . . . .	<b>55</b>		
<b>56</b>	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919 . . . . .	<b>56</b>		
<b>57</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . . . . .	<b>57</b>		
<b>58</b>	Transportation tax (see instructions) . . . . .	<b>58</b>		
<b>59</b>	<b>a</b> Household employment taxes from Schedule H (Form 1040) . . . . . <b>59a</b> <b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required . . . . . <b>59b</b>			
<b>60</b>	Taxes from: <b>a</b> Form 8959 <b>b</b> Instructions; enter code(s) <b>60</b>			
<b>61</b>	Add lines 53 through 60. This is your <b>total tax</b> . . . . .	<b>61</b>	12,233	
<b>62</b>	Federal income tax withheld from:			
	<b>a</b> Form(s) W-2 and 1099 . . . . . <b>62a</b> 13,310 <b>b</b> Form(s) 8805			
Direct deposit?	. . . . . <b>62b</b> <b>c</b> Form(s) 8288-A			
See	. . . . . <b>62c</b> <b>d</b> Form(s) 1042-S			
instructions.	. . . . . <b>62d</b>			
<b>63</b>	2017 estimated tax payments and amount applied from 2016 return . . . . .	<b>63</b>		
<b>64</b>	Additional child tax credit. Attach Schedule 8812 . . . . .	<b>64</b>		
<b>65</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>65</b>		
<b>66</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>66</b>		
<b>67</b>	Excess social security and tier 1 RRTA tax withheld (see instructions) . . . . .	<b>67</b>		
<b>68</b>	Credit for federal tax paid on fuels. Attach Form 4136 . . . . .	<b>68</b>		
<b>69</b>	Credits from Form: <b>a</b> 2439 <b>b</b> Reserved <b>c</b> 8885 <b>d</b> <b>69</b>			
<b>70</b>	Credit for amount paid with Form 1040-C . . . . .	<b>70</b>		
<b>71</b>	Add lines 62a through 70. These are your <b>total payments</b> . . . . .	<b>71</b>	13,310	

**Other  
Taxes****Payments****Refund**Direct deposit?  
See  
instructions.**Amount  
You Owe****Third Party  
Designee****Sign Here**Keep a copy of  
this return for  
your records.



8 Tax preparation fees . . . . .

9 Other expenses. See instructions for expenses to deduct here. List type and amount ▶  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10 Add lines 7 through 9 . . . . .

11 Enter the amount from Form  
1040NR, line 37 . . . . . 11

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- . . . . .

**Other  
Miscellaneous  
Deductions**

14 Other - see instructions for expenses to deduct here. List type and amount ▶  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total  
Itemized**

Is Form 1040NR, line 37, over the amount shown below for the filing status box you 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 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.



Nature of income		Enter <b>amount of income</b> under the appropriate rate of tax (see instructions)				
		(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)	
					%	%
<b>1</b>	Dividends paid by:					
<b>a</b>	U.S. corporations . . . . .	<b>1a</b>				
<b>b</b>	Foreign corporations . . . . .	<b>1b</b>				
<b>2</b>	Interest:					
<b>a</b>	Mortgage . . . . .	<b>2a</b>				
<b>b</b>	Paid by foreign corporations . . . . .	<b>2b</b>				
<b>c</b>	Other . . . . .	<b>2c</b>				
<b>3</b>	Industrial royalties (patents, trademarks, etc.) . . . . .	<b>3</b>				
<b>4</b>	Motion picture or T.V. copyright royalties . . . . .	<b>4</b>				
<b>5</b>	Other royalties (copyrights, recording, publishing, etc.) . . . . .	<b>5</b>				
<b>6</b>	Real property income and natural resources royalties . . . . .	<b>6</b>				
<b>7</b>	Pensions and annuities . . . . .	<b>7</b>				
<b>8</b>	Social security benefits . . . . .	<b>8</b>				
<b>9</b>	Capital gain from line 18 below . . . . .	<b>9</b>				
<b>10</b>	Gambling - Residents of Canada only. Enter net income in column (c). <b>If zero or less, enter -0-.</b>					
<b>a</b>	Winnings _____					
<b>b</b>	Losses _____	<b>10c</b>				
<b>11</b>	Gambling winnings - Residents of countries other than Canada. <b>Note:</b> Losses not allowed . . . . .	<b>11</b>				
<b>12</b>	Other (specify) ► _____	<b>12</b>				
<b>13</b>	Add lines 1a through 12 in columns (a) through (d) . . . . .	<b>13</b>				
<b>14</b>	<b>Multiply line 13 by rate of tax at top of each column</b> . . . . .	<b>14</b>				
<b>15 Tax on income not effectively connected with a U.S. trade or business.</b> Add columns (a) through (d) of line 14. Enter the total here and on Form 1040NR, line 54						<b>15</b>

<p><b>16</b> Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040).</p> <p>Report property sales or exchanges that are effectively</p>	<p><b>(a)</b> Kind of property and description (if necessary, attach statement of descriptive details not shown below)</p>	<p><b>(b)</b> Date acquired (mo., day, yr.)</p>	<p><b>(c)</b> Date sold (mo., day, yr.)</p>	<p><b>(d)</b> Sales price</p>	<p><b>(e)</b> Cost or other basis</p>	<p><b>(f) LOSS</b> If (e) is more than (d), subtract (d) from (e)</p>	<p><b>(g) GAIN</b> If (d) is more than (e), subtract (e) from (d)</p>

connected with a U.S. business  
on Schedule D (Form 1040),  
Form 4797, or both.

<b>17</b> Add columns (f) and (g) of line 16 . . . . .					<b>17</b> (	)
<b>18 Capital gain.</b> Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter -0-)					. . . . . ►	
					<b>18</b>	0

Answer all questions

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, line 22. Do not enter it on line 8 or line 12 .....

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? .....

3. Are you claiming treaty benefits pursuant to a Competent Authority determination? .....

☐ Yes ☒ No  
☐ Yes ☐ No

If "Yes," attach a copy of the Competent Authority determination letter to your return.