<sub>E</sub> 1040X |

Ar (Rev. January 2018) <b>Go to www.irs.got/Form</b>	OMB No. 1545-0074								
calendar year X 2017 2016 2015 2014									
Other year. Enter one: calendar year	or fiscal year (month	n and year ended):							
Your first name and initial		Last name		Your social security number					
VENKATA NAGA CHAITAN	1	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 o	Foreign province/state/county Foreign postal c					stal code		
Amone	ded return filing status. You must check one box even if you are not ch	ongin	<u> </u>		Full year cov	rorago		
	-	-	9		Full-year cov	•		<b>6</b> -11
•	ing status. Caution: In general, you can't change your filing status from a	a joint			If all members	•		
	to separate returns after the due date.				year minimal			0 /
Sing		a child	but r	not	check "Yes."	Otherwise, ch	neck "No	."
Mar	ried filing jointly your dependent, see instructions.)				See instructio	ns.	_	
Mar	ried filing separately Qualifying widow(er)					/es	No	
	Use Part III on page 2 to explain any changes			or as	ginal amount previously djusted	B. Net chan amount of inci or (decrease	rease	C. Correct amount
Incor	ne and Deductions				instructions)	explain in Pa		
1	Adjusted gross income. If a net operating loss (NOL) carryback is							
	included, check here	П	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					
	iability	•						
6	Tax. Enter method(s) used to figure tax (see instructions):							
_		—	6					
7	Credits. If a general business credit carryback is included, check	$\neg$						
	here	⊔ L	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)	$\cdot \cdot \lfloor$	9					
10	Other taxes	L	10					
11	Total tax. Add lines 8, 9, and 10		11					
Paym	nents							
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	· ·						
10	retum		13					
44		- H						
14	Earned income credit (EIC)		14					
15	Refundable credits from: Schedule 8812 Form(s) 2438							
	4136							
	other (specify):		15					
16	Total amount paid with request for extension of time to file, tax paid with o	•		ım, and	additional			
	tax paid after return was filed						. 16	
17	Total payments. Add lines 12 through 15, column C, and line 16						. 17	
Refu	nd or Amount You Owe							
18	Overpayment, if any, as shown on original return or as previously adjusted	d by th	ne IR	S			.   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 c							
21	If line 11, column C, is less than line 19, enter the difference. This is the							
22	Amount of line 21 you want <b>refunded to you</b>			-	. Jii and i Gluill		22	
23	•	· · · timate			.   23			
	Amount of line 21 you want applied to your tenter year).	umate	u tax	•	.   23			
						omnlete and	l sian th	nis form on Page 2.
Eor Do	norwork Poduction Act Notice and instructions - Form 4040V (Dec.	1 204	10/ [	orm 40		_	_	no roim on raye 2.
	perwork Reduction Act Notice, see instructions. Form 1040X (Rev.	. 1-20	18) F	orm 102	10X (Rev. 1-20	(18) Pa	ge <b>2</b>	
Part	· ·							
	ete this part <b>only</b> if any information relating to exemptions has changed fr					ırn you are aı	mending	
This wo	ould include a change in the number of exemptions, either personal exem	nption	s or o	depende	ents.			
					ginal number			
Sec 5	orm 1040 or Form 1040A instructions and Form 1040X instructio	nne			emptions or nt reported or	B. Net char	nge	C. Correct number or
See F	omi 1040 di Fomi 1040A instructions and Fomi 1040X instructio	nis.		as	previously	D. Net chai	.Ac	amount
		1		adj	usted			
24	Yourself and spouse. Caution: If someone can claim you as a dependent	ent,						
٧	ou can't claim an exemption for yourself		24					

25	Your dependent children who lived v	vith you			25					
26	Your dependent children who didn't live w	rith you due to div	vorce or separation		26					
27	Other dependents				20					
28	Total number of exemptions. Add lin	_			27					
29	Multiply the number of exemptions amount shown in the instructions fo	claimed on I r line 29 for the	ine 28 by the exer e year you are ame	nption nding.						
	Enter the result here and on line 4 or				28					
					29					
30	List ALL dependents (children and c	thers) claimed	on this amended re	turn. If r	nore	than 4 dependents, se	e instru	uctions.		
	(b) Dependent's soci					(c) Dependent's		(d) Check	box	if qualifying
	(a) First name	ast name	security num			relationship to you		child for	child	l tax credit
			Scounty Hum	1001		Totalionomp to you		(see in	stru	ctions)
									+	
									H	
									t	
Pa	rt II Presidential Election	Campaign	Fund							
	cking below won't increase your tax or									
	Check here if you didn't previously wa	•		).						
	Check here if this is a joint return and	your spouse o	lid not previously wa	nt \$3 to	go t	o the fund, but now doe	es.			
Pa	rt III Explanation of changes.	n the space pr	ovided below, tell us	s why yo	u ar	e filing Form 1040X.				
	Attach any supporting of	documents and	I new or changed for	rms and	sch	edules.				
Under anda taxpa	nember to keep a copy of this form for penalties of perjury, I declare that I statements, and to the best of my knowayer) is based on all information about	have filed an o wledge and be	riginal return and tha lief, this amended re	eturn is t						
Sig	n Here									
<u> </u>										
Your	signature	Da	ate	Your occu	ıpatio	n				
Sperif	cole signature. If a joint return, both must sign			Spouse's	000:1-	nation				
	se's signature. If a joint return, <b>both</b> must sign.	Da	ate	opouse's	occup	∕au∪H				
Paid	Preparer Use Only	0	7 27 2022							
Prepa	rer's signature		7-27-2023 ate	Firm's na	me (oi	yours if self-employed)				
Print/t	type preparer's name			Firm's add	dress	and ZIP code				
DT1: 1			Check if self-emp	oloyed	_	00-000-0000				
PTIN					Ы	none number		EIN		
For f	orms and publications, visit IRS.gov.				ı	<del> </del>		Form 1	040	<b>X</b> (Rev. 1-2018)
		U.S. N	onresident A	Mien	nc	ome Tax Retu	rn			OMB No. 1545-0074
Form	<b>1040NR</b> g	o to www.irs.	gov/Form1040NR f	or instr	uctio	ons and the latest info	rmatic	on.		

Your first name and initial

**AMENDED** For the year January 1-December 31, 2017, or other tax year beginning , 2017, and ending

2017

, 20

Identifying number (see instructions)

Department of the Treasury

Internal Revenue Service

## NANDHYALA

205-97-6873

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

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	VA	22302
	Foreign country name	Foreign province/state/county	Foreign postal code
	Single resident of Canada or Mexico or single U.S. national	4 Married resident of South	Korea
Filing	I		1
Status	2 X Other single nonresident alien	5 Other married nonresiden	t alien
	3 Married resident of Canada or Mexico or married U.S. national	<b>6</b> Qualifying widow(er) (see	
Chook only If you	u checked box 3 or 4 above, enter the information below. Ch		
name (iii) Spouse's id	•	ilios name One DOX. (i) Spouse's first name and initial (i	) Spouse's last
			Ц
Exemptions	<b>7a</b> $X$ <b>Yourself.</b> If someone can claim you as a dependen	nt, <b>do not</b> check box 7a	Boxes checked
	<b>b</b> Spouse. Check box 7b only if you checked box 3	or 4 above and your spouse did not	on 7a and 7b 1 have any U.S. gross
	income	No. of children	
	C Dependents: (see instructions) (2) Dependent's (3) De	ppendent's <b>(4)</b> C <del>hep</del> k if quali-	on 7c who:
If more		`	ild for child lived with you
than four	(1) First name Last name	tax cred	it (see instr.) did not live with
		dependents, ye	ou due to divorce or separation (see
see instructions.	_		instructions) Dependents on 7c
			not entered above
	and the second second second	1	Add numbers on d Total
		Ines above 1	8 Wages, salaries, tips, etc. Attach
Income	Form(s) W-2	. 8 / 6 , 3 9 2	
Income Effectively	9a Taxable interest		
Lifectively	3a Taxable IIII.elest	• • • • • • • • • • • • • • • • • • • •	<b>9</b> a
Connected	<b>b Tax-exempt</b> interest. <b>Do not</b> include on line 9a	9b	<b>▶</b>
With U.S.	10a Ordinary dividends		10a
Trade/	<b>b</b> Qualified dividends (see instructions)	10b	
Business	11 Taxable refunds, credits, or offsets of state and local in		11
Duomioco	12 Scholarship and fellowship grants. Attach Form(s) 10-	,	
	13 Business income or (loss). Attach Schedule C or C-E.		
	14 Capital gain or (loss). Attach Schedule D (Form 1040)	,	14
Attach Form(s)			, 15
` ,	a IRA distributions 16a	16b Taxable amount (see instr	]
SSA-1042S,	17a		
	17a Pensions and annuities 17b T	axable amount (see instructions)	17b
	d 8288-A 18 Rental real estate, royalties, partnerships, trus		
	Farm income or (loss). Attach Schedule F (Form 1040)		ch Form(s)
1099-R if tax	nt compensation	20	
	21 Other income. List type and amount (see instructions)	) — 21	
was withheld.	22. Total income exempt by a treat from age 5. Oak at	ulo Ol. Itom I. (4)(a)	
	22 Total income exempt by a treaty from page 5, Schedu		<b>▶</b>
	23 Combine the amounts in the far right column for lines		
	-		<b>23</b> 76,392
	24 Educator expenses (see instructions)	24	
EEA			

Adjusted Gross	25	Health savings account deduction. Attach Form 8889 25		
		·		
Income	26	Moving expenses. Attach Form 3903		
	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		
	31	Scholarship and fellowship grants excluded		
	32	IRA deduction (see instructions)		
	33	Student loan interest deduction (see instructions)		
	34	Domestic production activities deduction. Attach Form 8903 34		
	35	Add lines 24 through 34		0
	36	Subtract line 35 from line 23. This is your adjusted gross income	36	76 <b>,</b> 392
For Disclosur	e, Priv	racy Act, and Paperwork Reduction Act Notice, see instructions.		Form 1040NR (2017)

Tax and Paid
Credits Preparer
Use Only

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

72 If line	71	1,077	<b>b</b> Routing nu	mber 1 2 1	L 0 0 0	3 5	8 <b>c</b> Type:	X Checki	na Savina	s d Acc	ount numbe	er 3 2	5 0
is mo than I 61,	ine	4 5 2	7 3 5	6 4 <b>•</b> c mailed to an add								0 _	
subtrac	ct 61							on page 1, e	enter it nere				
<u>from 1</u> 71. T				ant applied to y				a a inatrioti		·E			
	the	•		ee instructions)				ee instructi	ons I	<b>5</b>			
you overpa	aid Do	o you want to a	ااه another	person to discus	ss this return v	with the IR	RS? See linst	ructions	Yes.	Comple	ete below.	Χ	No
 72 ▶		signee's me		,	Phorno.	ne			rsonal identifi mber(PIN)	cation			
1,0	7 Und	der penalties of per		I have examined this	s return and accon			ments, and to t	he best of my				
7 7		ur signature	orrect, and comple	ete. Declaration of pri		taxpayer) is t		I		If the IR	S sent you an l		
Amoun					Date		Your occup	ation in the Un	ited States	Protection (see inst	n PIN, enter it	here	
of line you wa refund	ant	eparer's signature					Date		Check	if	PTIN		
to you	. If						07-27	-2023	self-employ	ed			
Form 8888	. ▶ Prir	nt/Type preparer's	name					<b>&gt;</b>					
5500	ed, ► Firr	m's name							Firm's Ell				
attache	F:								Phone no				
attache check here 		m's address 7)VENKAT.	A NAGA	CHAITAN	NANDHY	ALA			00	0-00	0-000 Form	1040NR (	(2017) Page <b>3</b>
attache check here 73a Form 1040N	IR (2017	7)VENKAT.		CHAITAN see instructio		ALA	<u> </u>		00	0-00	Form	1040NR (	` '
attache check here  73a Form 1040N	IR (2017	7)VENKAT.	ductions (	see instructio	ons)				00	0-00	Form	1040NR (	Page 3
attache check here 73a Form 1040N Schedule Taxes Yo	IR (2017 <b>: A - It</b> ou	7)VENKAT.	ductions (s		ons) es				00	0-00	Form	1040NR (	Page 3
attache check here 73a Form 1040N Schedule Taxes Yo	IR (2017 <b>: A - It</b> ou	7)VENKAT.	ductions (s  State and lo	see instructio	ons) es				00	0-00	Form	1040NR (	Page 3
attache check here 73a Form 1040N Schedule Taxes Yo	IR (2017 • <b>A - It</b> • <b>u</b>	7)VENKAT.  cemized De  Caution: If y return, see in	State and lo	see instructio	es				00	0-00	Form	1040NR (	Page 3
attache check here 73a Form 1040N Schedule Taxes Yo Paid Gifts	IR (2017 • A - It • U  1	remized De  Caution: If y return, see ir Gifts by cash	State and lo	see instruction	es a benefit in ift of \$250 or n	more,	2		00	0-00	Form	1040NR (	Page 3
attache check here 73a Form 1040N Schedule Taxes Yo Paid Gifts to U.S. Charities	iR (2017)  • A - It	cemized De  Caution: If y return, see ir Gifts by cash see cash or check.	State and lo you made a git instructions. If you made a	see instruction ocal income taxon ft and received frou made any given any gift of \$250	es a benefit in ift of \$250 or n or more, see i	more,	2 is. You		00	0-00	Form	1040NR (	Page 3
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attache check here 73a Form 1040N Schedule Taxes Yo Paid Gifts to U.S. Charities	iR (2017)  • A - It	Caution: If y return, see ir Gifts by cash cash or check. must atta	State and lo you made a git astructions. In or check. If y e instructions If you made a ach Form 8283	see instruction ocal income taxous ft and received from made any given on the second of the second o	es	more, instruction tion is ove	2 as. You ser \$500 3 4			0-00	Form	1040NR (	Page 3
attache check here 73a Form 1040N Schedule Taxes Yo Paid Gifts to U.S. Charities 3 Other the	2 han by c	Caution: If y return, see ir Gifts by cash see cash or check. must atta	State and lo you made a git instructions. In or check. If you made a ach Form 8283 arryover from put lines 2 throught	see instruction ocal income taxe ocal income taxe of and received or ou made any given any gift of \$250 or or or other or or other ocal income taxe or or other ocal income taxe or other ocal income	es	more, instruction tion is ove	2 as. You er \$500 3			0-00 205-	Form	1040NR (	Page 3
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8 Tax preparation fees							
9	Other exp	ense	s. See instructions for expenses to deduct here. List type and amount •				
				9			
10	Add lines	7 thr	ough 9	10			
11	Enter the	amo	unt from Form				
			1040NR, line 37				
				12			
		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	
	er cellaneous uctions	14	Other - see instructions for expenses to deduct here. List type and amou	int •			
						14	
Tot Iten	al 15 nized		Is Form 1040NR, line 37, over the amount shown below for the filing stat checked on page 1 of Form 1040NR:	us bo	c you		
			<ul> <li>Deductions\$313,800 if you checked box 6;</li> <li>\$261,500 if you checked box 1 or 2; or</li> <li>\$156,900 if you checked box 3, 4, or 5?</li> </ul>				
			No. Your deduction is not limited. Add the amounts in the far r through 14. Also enter this amount on Form 1040NR, line 38.	ight c	olumn for lines 1		
			$\square$ Yes. Your deduction may be limited. See the Itemized Deductions instructions to figure the amount to enter here and on Form 1040NR, line		sheet in the	15	

EEA Form **1040NR** (2017)

		Schedule NEC - Tax on Income Not I	<u>Effectively</u>	- 1			•	•	
					Enter amount of	income under the a	ppropriate rate of ta	,	
		Nature of income			<b>(a)</b> 10%	<b>(b)</b> 15%	(c) 30%	(d) Other	r (specify)
1	Dividends paid by:							70	7
				1a					
				1b					
	b Foreign corporations								
				2a					
		ons		2b					
				2c					
		ts, trademarks, etc.)		3					
4		pyright royalties		4					
		s, recording, publishing, etc.)		5					
6		d natural resources royalties		6					
7		·····	• •	7					
8	Social security benefits			8					
	,	below		9					
	· -	Canada only. Enter net income in column (c).							
. •	If zero or less, enter -0	•							
а	Winnings								
				10c					
		idents of countries other than Canada.							
	Note: Losses not allowed			11					
12	Other (specify) >								
				12					
13	Add lines 1a through 12 i	n columns (a) through (d)		13					
	_	of tax at top of each column		14					
		ctively connected with a U.S. trade or business.		(a) thro	ough (d) of line 14	4. Enter the total here	e and on		
	Form 1040NR, line 54			· · · · · ·				▶ 15	
		Capital Gains and	Losses F	rom S	Sales or Exch	anges of Prope	erty		
	r only the capital gains and	16	<b>(b)</b> Date		(c) Date		-	(f) LOSS	(g) GAIN
exch	es from property sales or nanges that are from	(a) Kind of property and description (if necessary, attach statement of	acquired		sold	(d) Sales price	(e) Cost or other	If (e) is more than (d), subtract (d)	If (d) is more than (e), subtract (e)
	ces within the United es and not effectively	descriptive details not shown below)	(mo., day, yr.)		(mo., day, yr.)		basis	from (e)	from (d)
conr	nected 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).								
Ď (Fo									
Report property sales or exchanges that are effectively									
	-								1

connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.						
Form 4797, or both.						
	17 Add columns (f) and (g) of line 16 18 Capital gain. Combine columns (f) and (g)	loss enter -0-	( )			
	Supria. gam. Semblic columns (i) and (i	g, o. m.o . r. Emor ale not gain note and	on mile o above (ii a		▶ 18	0

EEA Form **1040NR** (2017)

## Schedule OI - Other Information (see instructions)

	Ar	nswer all questions	3		
Of what country or countries w	vere you a citizen or national duri	ng the tax year?	India		
In what country did you claim	residence for tax purposes during	g the tax year? I	ndia		
Have you ever applied to be a	green card holder (lawful perma	nent resident) of th	e United States?	🗌 Yes 🏻	X
2. A green card holder (lawful	permanent resident) of the Unite 2), see Pub. 519, chapter 4, for ex	ed States?			X No
-	ay of the tax year, enter your visa	type. If you did no	t have a visa, enter your U.S.		
immigration status on the last o	day of the tax year. F1 OPT				
If you answered "Yes," indicate List all dates you entered and Note: If you are a resident of 0	visa type (nonimmigrant status) or e the date and nature of the chan left the United States during 2017 Canada or Mexico AND commute	nge.  7. See instructions.  to work in the Uni	ted States at frequent intervals	5,	
	da or Mexico and skip to item H	• • • • • • • • • • • • • • • • • • • •		Mexico	
Date entered United States	Date departed United States		Date entered United States	Date departed United States	
mm/dd/yy	mm/dd/yy		mm/dd/yy	mm/dd/yy	
Give number of days (including	g vacation, nonworkdays, and pa	rtial days) you wer	e present in the United States	during:	
2015	, 2016	, and	2017 3 6 5		
If "Yes," give the latest year ar	·	<b>.</b>			
If "Yes," did the trust have a U	n for a trust?	antor trust rules, m	ake a distribution or loan to a	₩	☐ No
Did you receive total compensations Yes No	ation of \$250,000 or more during t ternative method to determine the	the tax year?		🗎 .	_ □ No
Income Exempt from Tax - If	you are claiming exemption from	n income tax unde	er a U.S. income tax treaty with	th a	

- 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	(c) Number of months	(d) Amount of exempt							
	article	claimed in prior tax years	income in current tax year							
(e) Total. Enter this amount on Form 1040NR, line 22. Do not en	nter 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) abov	/e?	☐ 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 determi	nation letter to your return.									
EEA			Form <b>1040NR</b> (2017)							