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Most forms and publications have a page on IRS.gov: IRS.gov/Form1040 for Form 1040; IRS.gov/Pub501 for Pub. 501; IRS.gov/W4 for Form W-4; and IRS.gov/ScheduleA for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

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Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2024 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2024, or other tax year beginning				, 2024, ending, 2				See separate instructions.		
Your first name and middle initial			Last name			Yo	Your identifying number			
			(s				e instru	ctions)		
Home address	(numl	er and street). If you have a P.O. box, see	e instructions.					Apt. no.		
							$\mathbf{H}_{\mathbf{C}}$			
City, town, or p	ost o	fice. If you have a foreign address, also c	omplete spaces belo	w.	St	ate	ZIF	ode code		
Foreign country	, nom		reign province/state/	acupty.	Fo	reign post	al code			
r oreign country	Halli	,	reign province/state/	Journey	_ '	reigii post	ai coue			
Filing	T _	_	_				_			
Status	☐ Single ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) ☐ Estate ☐ Trust									
Check only	lf lf	ou checked the QSS box, enter the child	's name if the qualify	ng person is	a child but not you	ur depende	ent:			
one box.										
Digital Assets		ny time during 2024, did you: (a) receive (a				ces); or (b)	sell, exc			
	+	rwise dispose of a digital asset (or a finar	cial interest in a digit	al asset)? (See	e instructions.)					
Dependents	1		(2) Depender	t's		(4) Check to	ne box if o	qualifies for (see inst.): Credit for other		
(see instructions):	:	(1) First name Last name	identifying nun		Relationship to you	Child tax	credit	dependents		
If more than four dependents, see										
instructions and										
check here										
Income	1a	Total amount from Form(s) W-2, box 1 (s			, n . .	.J. / [1a			
Effectively	b	Household employee wages not reported		1b						
Connected With U.S.	c d	Tip income not reported on line 1a (see Medicaid waiver payments not reported	1c 1d							
Trade or	e	Taxable dependent care benefits from F	1e							
Business	f	Employer-provided adoption benefits fro	_1f							
240000	g									
Attach Form(s) W-2,	h	Other earned income (see instructions)	1h							
1042-S,										
SSA-1042-S, RRB-1042-S,	j	Reserved for future use			.,		1j			
and 8288-A	k	Total income exempt by a treaty from So	chedule OI (Form 104	O-NR), item L,						
here. Also attach		line 1(e)			1k					
Form(s)	2 20	Add lines 1a through 1h					1z			
1099-R if	2a 3a	Tax-exempt interest 2a Qualified dividends 3a		b Taxable inb Ordinary			2b 3b			
tax was withheld.	4a	IRA distributions 4a		•	imount		4b			
If you did not	5a	Pensions and annuities 5a			imount		5b			
get a Form	6	Reserved for future use					6			
W-2, see instructions.	7	Capital gain or (loss). Attach Schedule D	(Form 1040) if requir	ed. If not requ	uired, check here	🗆	7			
	8	Additional income from Schedule 1 (Form 1040), line 10					8			
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income								
	10	Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income								
	11	Subtract line 10 from line 9. This is your adjusted gross income								
	12	ltemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)								
	13a	Qualified business income deduction from			13a		12			
	b	Exemptions for estates and trusts only (
	С	Add lines 13a and 13b	13c							
	14	Add lines 12 and 13c								
	15	Subtract line 14 from line 11. If zero or le	ess, enter -0 This is	your taxable	income		15			

Form 1040-NR (2024)								Page 4
Tax and	16	Tax (see instructions). Check if ar	y from Fo	rm(s): 1	314 2 🗌 497	2 3 🗌		16	-
Credits	17	Amount from Schedule 2 (Form	1040), line	93				17	
	18	Add lines 16 and 17							
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 1040)						19	
	20	Amount from Schedule 3 (Form						20	
	21	Add lines 19 and 20					_	21	
	22	Subtract line 21 from line 18. If z				. 7		22	
	23a								
		Schedule NEC (Form 1040-NR), line 15							
	b	Other taxes, including self-empl			, , , , , , , , , , , , , , , , , , , ,				
	_	line 21				23b			
	C	Transportation tax (see instruction				23c		204	_
	d							23d 24	
D	24	Add lines 22 and 23d. This is you		IX		· · · · ·		24	
Payments	25	Federal income tax withheld from Form(s) W-2		<i></i> IV		25a			_
	a b	Form(s) 1099				25a			_
	C	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c				250		25d	
	e	Form(s) 8805				M. L		25e	
	f	Form(s) 8288-A						25f	
	g	Form(s) 1042-S						25g	
	26	2024 estimated tax payments ar			23 return		-	26	
	27	Reserved for future use				27			
	28	Additional child tax credit from S				28			
	29	Credit for amount paid with Forn				29	7 (4)		
	30	Reserved for future use			30				
	31	Amount from Schedule 3 (Form	9 15		31				
	32	Add lines 28, 29, and 31. These are your total other payments and refundable credits						32	
	33	Add lines 25d, 25e, 25f, 25g, 26	and 32. 1	These are your to	tal payments .			33	
Refund	34	If line 33 is more than line 24, su	btract line	24 from line 33.	This is the amoun	t you overpaid		34	
	35a	Amount of line 34 you want refu	nded to y	ou . If Form 8888	is attached, chec	k here	🖵 📴	35a	
Direct deposit?	b	Routing number							
See instructions.	d								
	e If you want your refund check mailed to an address outside the United States not shown on page								
						1			
	36	Amount of line 34 you want app				36			
Amount	37	Subtract line 33 from line 24. The For details on how to pay, go to		•					
You Owe	38	Estimated tax penalty (see instru	_			38		37	
 Third			es Complete	a beli	ow. No				
Party	1	Do you want to allow another person to discuss this return with the IRS? See instructions. Yes. Complete Comp							/w. □ 140
Designee	Designee's Phone Personal identific name no. Personal identific							tion	
<u> </u>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the								mv knowledge and
_	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p								
Sign	Your signature Date Y				. our occupation			RS s€	ent you an Identity
Here									PIN, enter it here
						(see ins	3t.)		
	Phon		Droport	Email address		Data	DTIN		Oh - al- if:
Paid	riepa	arer's name	rieparer	's signature		Date	PTIN		Check if:
Preparer	Ei.e.						Dharra		Self-employed
Use Only	Prim's name Phone no.								
	Firm's address Firm's EIN								