

Note: The draft you are looking for begins on the next page.

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

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| For the year Jan. 1-Dec. 31, 2024, or other tax year beginning  |        |  |                       | , 2024, ending, 2024, ending, |                         |               |                         | See separate instructions.  |
|---|--------|--|-----------------------|-------------------------------|-------------------------|---------------|-------------------------|-----------------------------|
| Your first name and middle initial  |        |  | Last name Y           |                               |                         | Yo            | Your identifying number |                             |
|   |        |  | (s                    |                               |                         |               | e instru                | ctions)                     |
|   |        |  |                       |                               |                         |               |                         |                             |
| Home address  | (numl  | per and street). If you have a P.O. box, se  | ee instructions.      |                               |                         |               |                         | Apt. no.                    |
|   |        |  |                       |                               |                         |               |                         |                             |
| City, town, or p  | ost o  | fice. If you have a foreign address, also  | complete spaces be    | elow.                         | S                       | tate          | ZIF                     | P code                      |
|   |        |  |                       |                               |                         |               |                         |                             |
| Foreign country   | / nam  | e — — — — — —  | oreign province/sta   | te/county                     |                         | oreign post   | ai code                 |                             |
|   | Ι      |  |                       |                               |                         |               |                         |                             |
| Filing<br>Status  |        | Single Married filing separa   | tely (MFS)            | Qualifying s                  | surviving spouse (Q     | SS)           | Estate                  | ■ Trust                     |
| Check only  | lf     | ou checked the QSS box, enter the chil   | d's name if the qua   | ifying person                 | is a child but not yo   | our depende   | ent:                    |                             |
| one box.  |        |  |                       |                               |                         |               |                         | _                           |
| Digital Assets  | At a   | ny time during 2024, did you: (a) receive  | (as a reward, award   | l, or payment                 | for property or serv    | ices); or (b) | sell, exc               | change, or                  |
|   |        | rwise dispose of a digital asset (or a fina  |                       |                               |                         |               |                         | Yes No                      |
| Dependents  | ;      |  | 40.5                  |                               |                         | (4) Check t   | he box if o             | qualifies for (see inst.):  |
| (see instructions)  | :      | (1) First name Last name   | (2) Depen identifying |                               | (3) Relationship to you | Child tax     | credit                  | Credit for other dependents |
|   |        |  |                       |                               |                         |               | 1                       |                             |
| If more than four   |        |  |                       |                               |                         |               |                         |                             |
| dependents, see<br>instructions and   |        |  |                       |                               |                         |               |                         |                             |
| check here  |        |  |                       |                               |                         | E             |                         |                             |
| Income  | 1a     | Total amount from Form(s) W-2, box 1   | (see instructions)    |                               |                         | .). /         | 1a                      |                             |
| Effectively   | b      | Household employee wages not report  | 1b                    |                               |                         |               |                         |                             |
| Connected   | С      | Tip income not reported on line 1a (see  | 1c                    |                               |                         |               |                         |                             |
| With U.S.   | d      | Medicaid waiver payments not reported  | 1d                    |                               |                         |               |                         |                             |
| Trade or  | e      | Taxable dependent care benefits from   | 1e                    |                               |                         |               |                         |                             |
| Business  | f      | Employer-provided adoption benefits f  |                       | 1f                            |                         |               |                         |                             |
| Attach  | g      | Wages from Form 8919, line 6   | 1g<br>1h              |                               |                         |               |                         |                             |
| Form(s) W-2,<br>1042-S,   |        |  |                       |                               |                         |               |                         |                             |
| SSA-1042-S,   | i      | Reserved for future use  | 1j                    |                               |                         |               |                         |                             |
| RRB-1042-S,   | ,<br>k | Total income exempt by a treaty from S   | Schedule OI (Form 1   | 040-NR), item                 | n L.                    |               |                         |                             |
| and 8288-A<br>here. Also  |        | line 1(e)  |                       |                               | . 1k                    |               |                         |                             |
| attach  | z      | Add lines 1a through 1h  |                       |                               |                         |               | 1z                      |                             |
| Form(s)<br>1099-R if  | 2a     | Tax-exempt interest 2a   |                       | <b>b</b> Taxab                | le interest             |               | 2b                      |                             |
| tax was   | 3a     | Qualified dividends 3a   |                       | <b>b</b> Ordina               | ary dividends           |               | 3b                      |                             |
| withheld.   | 4a     | IRA distributions 4a   |                       | i                             | le amount               |               | 4b<br>5b                |                             |
| If you did not get a Form   | 5a     | Pensions and annuities 5a b Taxable amount   |                       |                               |                         |               |                         |                             |
| W-2, see  | 6      | Reserved for future use  |                       |                               |                         |               | 7                       |                             |
| instructions.   | 7      | Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here         |                       |                               |                         |               |                         |                             |
|   | 8<br>9 | Additional income from Schedule 1 (Form 1040), line 10   |                       |                               |                         |               |                         |                             |
|   | 10     | Adjustments to income from Schedule 1 (Form 1040), line 26. These are your <b>total adjustments to</b> |                       |                               |                         |               |                         |                             |
|   | 10     | income   | 10                    |                               |                         |               |                         |                             |
|   | 11     | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                                |                       |                               |                         |               |                         |                             |
|   | 12     | , ,  |                       |                               |                         |               |                         |                             |
|   |        | deduction (see instructions)   | 12                    |                               |                         |               |                         |                             |
|   | 13a    | Qualified business income deduction fr   | om Form 8995 or F     | orm 8995-A                    | . 13a                   |               |                         |                             |
|   | b      | Exemptions for estates and trusts only   |                       |                               |                         |               |                         |                             |
|   | С      | Add lines 13a and 13b  |                       |                               |                         |               | 13c                     |                             |
|   | 14     | Add lines 12 and 13c   | 14                    |                               |                         |               |                         |                             |
| <b>15</b> Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b> |        |  |                       |                               |                         |               | 15                      |                             |

| Form 1040-NR (    | 2024)   |  |              |  |   |                       |              |                     | Page 4             |
|-------------------|---|--|--------------|--|---|-----------------------|--------------|---------------------|--------------------|
| Tax and           | 16  | Tax (see instructions). Check if ar  | y from Fo    | rm(s): <b>1</b>                                  | 314 <b>2</b> 🗌 497                      | 2 <b>3</b> 🗌          |              | 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<br>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<br>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                               |                       | <del>-</del> | 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 |              |  |   |                       |              |                     |                    |
|                   | 33  | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total 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 <b>overpaid</b> |              | 34                  |                    |
|                   | 35a   | Amount of line 34 you want refu  | nded to y    | <b>ou</b> . If Form 8888                         | is attached, chec                       | k here                | 🖵 📴          | 35a                 |                    |
| Direct deposit?   | b   | Routing number C Type: Checking Savings  |              |  |   |                       |              |                     |                    |
| See instructions. | d   |  |              |  |   |                       |              |                     |                    |
|                   | e If you want your refund check mailed to an address outside the United States not shown on page 1  |  |              |  |   |                       |              |                     |                    |
|                   |   |  |              |  |   | 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                  |                    |
| <br>Third         |   | bu want to allow another person to   | es. Complete | a beli   | ow. No                                  |                       |              |                     |                    |
| Party             | 1   | •  |              |  | /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 proparer (other than taxpayer) is based on all information of which proparer (other than taxpayer) is based on all information of which proparer (other than taxpayer) is based on all information of which proparer (other than taxpayer) is based on all information of which proparer (other than taxpayer) is based on all information of which proparer (other than taxpayer) is based on all information of which proparer (other than taxpayer) is based on all information of which proparer (other than taxpayer) is based on all information of which proparer (other than taxpayer) is based on all information of which proparer (other than taxpayer) is based on all information of which proparer (other than taxpayer) is based on all information of which proparer (other than taxpayer) is based on all information of which proparer (other than taxpayer) is based on all information of which proparer (other than taxpayer) is based on all information of which proparer (other than taxpayer) is based on all information of which proparer (other than taxpayer) is based on all information of which proparer (other than taxpayer) is based on all information of which proparer (other than taxpayer) is based on all information of the proparer (other than taxpayer) is based on the proparer (other than taxpayer). |  |              |  |   |                       |              |                     |                    |
| Sign              | Your signature Date   |  |              | Date   | Your occupation                         | If the IF             | RS s€        | ent you an Identity |                    |
| Here              |   |  |              |  |   |                       |              |                     | PIN, enter it here |
|                   |   |  |              | <del>                                     </del> |   |                       | (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          | Fire . '  |  |              |  |   |                       | Dharr        |                     | Self-employed      |
| Use Only          | Firm's name Phone no.   |  |              |  |   |                       |              |                     |                    |
|                   | Firm's address Firm's EIN   |  |              |  |   |                       |              |                     |                    |