

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial SIMONE	Last name DUPONT	Your identifying number (see instructions) XXX-XX-XXXX
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Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
 250 CHURCH STREET

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
 YOUR TOWN YS XXXXX

Foreign country name Foreign province/state/county Foreign postal code

Filing Status
 Single Married filing separately (MFS) Qualifying surviving spouse (QSS) Estate Trust
 If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent:

 Check only one box.

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Dependents (see instructions):	(1) First name Last name		(2) Dependent's identifying number	(3) Relationship to you	(4) Check the box if qualifies for (see inst.):	
					Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income Effectively Connected With U.S. Trade or Business	<p>1a Total amount from Form(s) W-2, box 1 (see instructions)</p> <p>b Household employee wages not reported on Form(s) W-2</p> <p>c Tip income not reported on line 1a (see instructions)</p> <p>d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)</p> <p>e Taxable dependent care benefits from Form 2441, line 26</p> <p>f Employer-provided adoption benefits from Form 8839, line 29</p> <p>g Wages from Form 8919, line 6</p> <p>h Other earned income (see instructions)</p> <p>i Reserved for future use 1i _____</p> <p>j Reserved for future use 1j _____</p> <p>k Total income exempt by a treaty from Schedule OI (Form 1040-NR), item L, line 1(e) 1k 1 9 5 0 0</p> <p>z Add lines 1a through 1h</p> <p>2a Tax-exempt interest 2a _____ b Taxable interest 2b _____</p> <p>3a Qualified dividends 3a _____ b Ordinary dividends 3b _____</p> <p>4a IRA distributions 4a _____ b Taxable amount 4b _____</p> <p>5a Pensions and annuities 5a _____ b Taxable amount 5b _____</p> <p>6 Reserved for future use 6 _____</p> <p>7 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here . . . <input type="checkbox"/> 7 _____</p> <p>8 Additional income from Schedule 1 (Form 1040), line 10 8 _____</p> <p>9 Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8. This is your total effectively connected income 9 7225</p> <p>10 Adjustments to income from Schedule 1 (Form 1040), line 26. These are your total adjustments to income 10 _____</p> <p>11 Subtract line 10 from line 9. This is your adjusted gross income 11 7225</p> <p>12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions) 12 125</p> <p>13a Qualified business income deduction from Form 8995 or Form 8995-A 13a _____</p> <p>b Exemptions for estates and trusts only (see instructions) 13b _____</p> <p>c Add lines 13a and 13b 13c _____</p> <p>14 Add lines 12 and 13c 14 125</p> <p>15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 7100</p>	<p>1a 7225</p> <p>1b _____</p> <p>1c _____</p> <p>1d _____</p> <p>1e _____</p> <p>1f _____</p> <p>1g _____</p> <p>1h _____</p> <p>1i _____</p> <p>1j _____</p> <p>1k 1 9 5 0 0</p> <p>1z 7225</p> <p>2a _____</p> <p>2b _____</p> <p>3a _____</p> <p>3b _____</p> <p>4a _____</p> <p>4b _____</p> <p>5a _____</p> <p>5b _____</p> <p>6 _____</p> <p>7 _____</p> <p>8 _____</p> <p>9 7225</p> <p>10 _____</p> <p>11 7225</p> <p>12 125</p> <p>13a _____</p> <p>13b _____</p> <p>13c _____</p> <p>14 125</p> <p>15 7100</p>
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**SCHEDULE A
(Form 1040-NR)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see instructions for line 7.

OMB No. 1545-0074

2023
Attachment
Sequence No. **7A**

Name shown on Form 1040-NR

SIMONE DUPONT

Your identifying number

XXX-XX-XXXX

Taxes You Paid	1a	State and local income taxes	1a	125	
	b	Enter the smaller of line 1a or \$10,000 (\$5,000 if married filing separately)			1b 125
Gifts to U.S. Charities	2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2		
	3	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	3		
	4	Carryover from prior year	4		
	5	Add lines 2 through 4			5
	6	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			6
Other Itemized Deductions	7	Other—from list in instructions. List type and amount: _____ _____ _____ _____ _____ _____			7
	8	Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040-NR, line 12			8 125

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

Schedule A (Form 1040-NR) 2023

QNA

**SCHEDULE NEC
(Form 1040-NR)**

Tax on Income Not Effectively Connected With a U.S. Trade or Business

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Attach to Form 1040-NR.
Go to www.irs.gov/Form1040NR for instructions and the latest information.

2023
Attachment
Sequence No. **7B**

Name shown on Form 1040-NR

SIMONE DUPONT

Your identifying number
XXX-XX-XXXX

Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income		(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)	
					%	%
1 Dividends and dividend equivalents:						
a Dividends paid by U.S. corporations	1a					
b Dividends paid by foreign corporations	1b					
c Dividend equivalent payments received with respect to section 871(m) transactions	1c					
2 Interest:						
a Mortgage	2a					
b Paid by foreign corporations	2b					
c Other	2c					
3 Industrial royalties (patents, trademarks, etc.)	3					
4 Motion picture or TV copyright royalties	4					
5 Other royalties (copyrights, recording, publishing, etc.)	5					
6 Real property income and natural resources royalties	6					
7 Pensions and annuities	7					
8 Social security benefits	8					
9 Capital gain from line 18 below	9					
10 Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-.						
a Winnings _____						
b Losses _____	10c					
11 Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed	11					
12 Other (specify): _____						
	12					
13 Add lines 1a through 12 in columns (a) through (d)	13					
14 Multiply line 13 by rate of tax at top of each column	14					
15 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a	15					

Capital Gains and Losses From Sales or Exchanges of Property

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). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired mm/dd/yyyy	(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS	(g) GAIN
							If (e) is more than (d), subtract (d) from (e).	If (d) is more than (e), subtract (e) from (d).
		ABC STOCK	11/02/2021	09/05/2023	800	200		600
	17	Add columns (f) and (g) of line 16					()	600
	18	Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-						600

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.

Schedule NEC (Form 1040-NR) 2023

**SCHEDULE OI
(Form 1040-NR)**

Department of the Treasury
Internal Revenue Service

Other Information

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Answer all questions.

OMB No. 1545-0074

2023
Attachment
Sequence No. **7C**

Name shown on Form 1040-NR

SIMONE DUPONT

Your identifying number

XXX-XX-XXXX

- A** Of what country or countries were you a citizen or national during the tax year? FRANCE
- B** In what country did you claim residence for tax purposes during the tax year? FRANCE
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Yes No
- D** Were you ever:
- A U.S. citizen? Yes No
 - A green card holder (lawful permanent resident) of the United States? Yes No
- If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. F1
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes No
If you answered "Yes," indicate the date and nature of the change: _____
- G** List all dates you entered and left the United States during 2023. See instructions.
Note: If you're a resident of Canada or Mexico **AND** commute to work in the United States at frequent intervals, check the box for Canada or Mexico and skip to item H. Canada Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy
08/01/2022	/ /
/ /	/ /
/ /	/ /
/ /	/ /

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy
/ /	/ /
/ /	/ /
/ /	/ /
/ /	/ /

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2021 _____, 2022 153, and 2023 365.
- I** Did you file a U.S. income tax return for any prior year? Yes No
If "Yes," give the latest year and form number you filed: _____
- J** Are you filing a return for a trust? Yes No
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? Yes No
- K** Did you receive total compensation of \$250,000 or more during the tax year? Yes No
If "Yes," did you use an alternative method to determine the source of this compensation? Yes No
- L** 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.
- 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
FRANCE	21(1)		5000
FRANCE	21(1)		14500

(e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1 . . .

- Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No
 - Are you claiming treaty benefits pursuant to a Competent Authority determination? Yes No
If "Yes," attach a copy of the Competent Authority determination letter to your return.
- M** Check the applicable box if:
- This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions.
 - You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions.

0123456789 UNIQUE FORM IDENTIFIER AMENDED AMENDMENT NO.

1 Income code 16	2 Gross income 14500	3 Chapter indicator. Enter "3" or "4" 3	3a Exemption code 4	4a Exemption code	13e Recipient's U.S. TIN, if any 012-34-5678	13f Ch. 3 status code 16	13g Ch. 4 status code
5 Withholding allowance		3b Tax rate 0.0000	4b Tax rate		13h Recipient's GIIN	13i Recipient's foreign tax identification number, if any	13j LOB code
6 Net income				13k Recipient's account number			
7a Federal tax withheld				13l Recipient's date of birth (YYYYMMDD) 2 0 0 3 0 4 1 5			
7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) <input type="checkbox"/>				14a Primary Withholding Agent's Name (if applicable)			
7c Check if withholding occurred in subsequent year with respect to a partnership interest <input type="checkbox"/>				14b Primary Withholding Agent's EIN		15 Check if pro-rata basis reporting <input type="checkbox"/>	
8 Tax withheld by other agents				15a Intermediary or flow-through entity's EIN, if any		15b Ch. 3 status code	15c Ch. 4 status code
9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) ()				15d Intermediary or flow-through entity's name			
10 Total withholding credit (combine boxes 7a, 8, and 9)				15e Intermediary or flow-through entity's GIIN			
11 Tax paid by withholding agent (amounts not withheld) (see instructions)				15f Country code		15g Foreign tax identification number, if any	
12a Withholding agent's EIN 59-6123479	12b Ch. 3 status code 16	12c Ch. 4 status code 2		15h Address (number and street)			
12d Withholding agent's name IVY LEAGUE UNIVERSIT				15i City or town, state or province, country, ZIP or foreign postal code			
12e Withholding agent's Global Intermediary Identification Number (GIIN)				16a Payer's name			
12f Country code	12g Foreign tax identification number, if any				16b Payer's TIN		
12h Address (number and street) 221 WHITNEY AVENUE				16c Payer's GIIN		16d Ch. 3 status code	16e Ch. 4 status code
12i City or town, state or province, country, ZIP or foreign postal code TALLAHASSEE FL 32301				17a State income tax withheld 0		17b Payer's state tax no.	17c Name of state
13a Recipient's name SIMONE DUPONT		13b Recipient's country code					
13c Address (number and street) 250 CHURCH STREET							
13d City or town, state or province, country, ZIP or foreign postal code TALLAHASSEE FL 32304							

0123456789 UNIQUE FORM IDENTIFIER AMENDED AMENDMENT NO.

1 Income code 16	2 Gross income 5000	3 Chapter indicator. Enter "3" or "4" 3	3a Exemption code 4	4a Exemption code	13e Recipient's U.S. TIN, if any 012-34-5678	13f Ch. 3 status code 16	13g Ch. 4 status code
5 Withholding allowance		3b Tax rate 0.0000	4b Tax rate	13h Recipient's GIIN	13i Recipient's foreign tax identification number, if any	13j LOB code	
6 Net income				13k Recipient's account number			
7a Federal tax withheld				13l Recipient's date of birth (YYYYMMDD) 2 0 0 3 0 4 1 5			
7b Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions) <input type="checkbox"/>				14a Primary Withholding Agent's Name (if applicable)			
7c Check if withholding occurred in subsequent year with respect to a partnership interest <input type="checkbox"/>				14b Primary Withholding Agent's EIN		15 Check if pro-rata basis reporting <input type="checkbox"/>	
8 Tax withheld by other agents				15a Intermediary or flow-through entity's EIN, if any		15b Ch. 3 status code	15c Ch. 4 status code
9 Overwithheld tax repaid to recipient pursuant to adjustment procedures (see instructions) ()				15d Intermediary or flow-through entity's name			
10 Total withholding credit (combine boxes 7a, 8, and 9)				15e Intermediary or flow-through entity's GIIN			
11 Tax paid by withholding agent (amounts not withheld) (see instructions)				15f Country code		15g Foreign tax identification number, if any	
12a Withholding agent's EIN	12b Ch. 3 status code	12c Ch. 4 status code		15h Address (number and street)			
12d Withholding agent's name				15i City or town, state or province, country, ZIP or foreign postal code			
12e Withholding agent's Global Intermediary Identification Number (GIIN)				16a Payer's name			
12f Country code	12g Foreign tax identification number, if any				16b Payer's TIN		
12h Address (number and street)				16c Payer's GIIN		16d Ch. 3 status code	16e Ch. 4 status code
12i City or town, state or province, country, ZIP or foreign postal code				17a State income tax withheld 0		17b Payer's state tax no.	17c Name of state
13a Recipient's name SIMONE DUPONT		13b Recipient's country code					
13c Address (number and street) 250 CHURCH STREET							
13d City or town, state or province, country, ZIP or foreign postal code TALLAHASSEE FL 32304							