

Use the following information to prepare a Form 1040-NR. Wei Wang, a permanent resident of the People's Republic of China (Passport number E84920417), came to the United States to study on an F-1 visa on August 1, 2023.

He has remained in the country since then and is a full-time student. Wei, born 06/01/2004, is single. He began working at the University Bookstore on 09/01/2024. He did not file the proper withholding and treaty forms with the university payroll office. Therefore, he was issued a Form W-2, but we will allow the treaty benefit on his return. He also worked as a Teaching Assistant (TA) since 01/05/2026. He received a Form 1042-S for his TA fellowship from university's Academic Affairs.

Wei sold some stock he purchased in December 2024: he did not provide a Form W-8BEN to the brokerage company and they issued him a Form 1099-B. If he is entitled to a refund, he wants it direct deposited to his bank account. He doesn't want to designate anyone else to discuss this return with the IRS. He did not take any affirmative steps to apply for permanent residency in the United States. He will not be taxed in his home country China on the income he has from the United States. Using the following Form W-2, Form 1042-S, Form 1099-B, and I94 Travel History, complete Wei's Federal income tax return, including the Form 8843.

Name: Wei Wang

DOB: 06/01/2004

Passport number: E84920417

Address in China: 145 Beijing Rd., Beijing, China 065001

Address in the U.S.: 345 City Rd., Your City, YS, XXXXX

**Tips:**

1. W2: Make the wage fully deductible under the tax treaty. Enter under TaxSlayer "1040NR Schedule OI" → first tab "General Information".
2. F1042-S: Apply the reminding \$1,000 tax treaty (5,000 - 4,000 wage) to F1042-S, then left \$2,000 taxable compensation, report it under schedule 1 "Scholarship and fellowship grants not reported on Form W-2".

## Date Calculate:

2023: 153

### Date Calculator

#### Days Between Two Dates

Find the number of years, months, weeks, and days between dates. Click "Settings" to define holidays.

##### Result



**Difference between Aug 1, 2023 and Dec 31, 2023 (including both days):**

5 months 0 days  
or 21 weeks 6 days  
or 153 calendar days

2024: 366 days

2025: 127+154=281 days

### Date Calculator

#### Days Between Two Dates

Find the number of years, months, weeks, and days between dates. Click "Settings" to define holidays.

##### Result



**Difference between Jan 1, 2025 and May 7, 2025 (including both days):**

4 months 7 days  
or 18 weeks 1 days  
or 127 calendar days

and

### Date Calculator

#### Days Between Two Dates

Find the number of years, months, weeks, and days between dates. Click "Settings" to define holidays.

##### Result



**Difference between Jul 31, 2025 and Dec 31, 2025 (including both days):**

5 months 1 days  
or 22 weeks 0 days  
or 154 calendar days

2026: 356

### Date Calculator

#### Days Between Two Dates

Find the number of years, months, weeks, and days between dates. Click "Settings" to define holidays.

##### Result



**Difference between Jan 1, 2025 and Dec 22, 2025 (including both days):**

11 months 22 days  
or 50 weeks 6 days  
or 356 calendar days

|                                                                                                                                       |                            |                                                           |                            |                                                                                                                                                           |                            |                                                |  |                                                                                     |  |                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------|--|-------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|--|
|                                                                                                                                       |                            | <b>a</b> Employee's social security number<br>XXX-XX-XXXX |                            | OMB No. 1545-0029                                                                                                                                         |                            | Safe, accurate,<br>FAST! Use                   |  |  |  | Visit the IRS website at<br><a href="http://www.irs.gov/efile">www.irs.gov/efile</a> . |  |
| <b>b</b> Employer identification number (EIN)<br>XX-XXXXXXX                                                                           |                            |                                                           |                            | <b>1</b> Wages, tips, other compensation<br>4,000.00                                                                                                      |                            | <b>2</b> Federal income tax withheld<br>400.00 |  |                                                                                     |  |                                                                                        |  |
| <b>c</b> Employer's name, address, and ZIP code<br><br>UNIVERSITY BOOKSTORE<br>PO BOX 4567<br>YOUR TOWN, YS XXXXX                     |                            |                                                           |                            | <b>3</b> Social security wages                                                                                                                            |                            | <b>4</b> Social security tax withheld          |  |                                                                                     |  |                                                                                        |  |
|                                                                                                                                       |                            |                                                           |                            | <b>5</b> Medicare wages and tips                                                                                                                          |                            | <b>6</b> Medicare tax withheld                 |  |                                                                                     |  |                                                                                        |  |
|                                                                                                                                       |                            |                                                           |                            | <b>7</b> Social security tips                                                                                                                             |                            | <b>8</b> Allocated tips                        |  |                                                                                     |  |                                                                                        |  |
| <b>d</b> Control number                                                                                                               |                            |                                                           |                            | <b>9</b>                                                                                                                                                  |                            | <b>10</b> Dependent care benefits              |  |                                                                                     |  |                                                                                        |  |
| <b>e</b> Employee's first name and initial      Last name      Suff.<br><br>WEI      WANG<br><br>345 CITY ROAD<br>YOUR CITY, YS XXXXX |                            |                                                           |                            | <b>11</b> Nonqualified plans                                                                                                                              |                            | <b>12a</b> See instructions for box 12         |  |                                                                                     |  |                                                                                        |  |
|                                                                                                                                       |                            |                                                           |                            | <b>13</b> Statutory employee      Retirement plan      Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                            | <b>12b</b>                                     |  |                                                                                     |  |                                                                                        |  |
|                                                                                                                                       |                            |                                                           |                            | <b>14a</b> Other                                                                                                                                          |                            | <b>12c</b>                                     |  |                                                                                     |  |                                                                                        |  |
|                                                                                                                                       |                            |                                                           |                            | <b>14b</b> Treasury Tipped Occupation Code(s)                                                                                                             |                            | <b>12d</b>                                     |  |                                                                                     |  |                                                                                        |  |
|                                                                                                                                       |                            |                                                           |                            |                                                                                                                                                           |                            |                                                |  |                                                                                     |  |                                                                                        |  |
| <b>f</b> Employee's address and ZIP code                                                                                              |                            |                                                           |                            |                                                                                                                                                           |                            |                                                |  |                                                                                     |  |                                                                                        |  |
| <b>15</b> State                                                                                                                       | Employer's state ID number | <b>16</b> State wages, tips, etc.                         | <b>17</b> State income tax | <b>18</b> Local wages, tips, etc.                                                                                                                         | <b>19</b> Local income tax | <b>20</b> Locality name                        |  |                                                                                     |  |                                                                                        |  |
| YS                                                                                                                                    | XX-XXXXXXX                 | 4,000.00                                                  | 300.00                     |                                                                                                                                                           |                            |                                                |  |                                                                                     |  |                                                                                        |  |
|                                                                                                                                       |                            |                                                           |                            |                                                                                                                                                           |                            |                                                |  |                                                                                     |  |                                                                                        |  |

Form **W-2** Wage and Tax Statement

2026

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
This information is being furnished to the Internal Revenue Service.

☐ VOID ☐ CORRECTED

|                                                                                                                                                                                        |  |                                    |                                                                                         |                                                                                                                                                              |                                                                          |                                                                                                              |                                                                          |                                                |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------|---------------------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br><br>BIG TOWN BROKERS<br>135 HIGH STREET NEW<br>YORK, NY 10005 |  |                                    | Applicable checkbox on Form 8949                                                        |                                                                                                                                                              | OMB No. 1545-0715<br><b>2026</b><br>Form <b>1099-B</b>                   |                                                                                                              | <b>Proceeds From<br/>Broker and<br/>Barter Exchange<br/>Transactions</b> |                                                |                           |
|                                                                                                                                                                                        |  |                                    | <b>1a</b> Description of property (Example: 100 sh. XYZ Co.)<br>10 SHARES - INTERN R US |                                                                                                                                                              |                                                                          |                                                                                                              |                                                                          |                                                |                           |
|                                                                                                                                                                                        |  |                                    | <b>1b</b> Date acquired<br>12/01/2024                                                   |                                                                                                                                                              | <b>1c</b> Date sold or disposed<br>08/05/2026                            |                                                                                                              |                                                                          |                                                |                           |
| PAYER'S TIN<br><br>XX-XXXXXXX                                                                                                                                                          |  | RECIPIENT'S TIN<br><br>XXX-XX-XXXX |                                                                                         | <b>1d</b> Proceeds<br>\$ 1,800                                                                                                                               |                                                                          | <b>1e</b> Cost or other basis<br>\$ 1,550                                                                    |                                                                          | <b>Copy 1<br/>For State Tax<br/>Department</b> |                           |
|                                                                                                                                                                                        |  |                                    |                                                                                         | <b>1f</b> Accrued market discount<br>\$                                                                                                                      |                                                                          | <b>1g</b> Wash sale loss disallowed<br>\$                                                                    |                                                                          |                                                |                           |
| RECIPIENT'S name<br><br>WEI WANG                                                                                                                                                       |  |                                    |                                                                                         | <b>2</b> Short-term gain or loss <input type="checkbox"/><br>Long-term gain or loss <input checked="" type="checkbox"/><br>Ordinary <input type="checkbox"/> |                                                                          | <b>3</b> If checked, proceeds from:<br>Collectibles <input type="checkbox"/><br>QOF <input type="checkbox"/> |                                                                          |                                                |                           |
| Street address (including apt. no.)<br><br>345 CITY ROAD                                                                                                                               |  |                                    |                                                                                         | <b>4</b> Federal income tax withheld<br>\$                                                                                                                   |                                                                          | <b>5</b> If checked, noncovered security <input type="checkbox"/>                                            |                                                                          |                                                |                           |
| City or town, state or province, country, and ZIP or foreign postal code<br><br>YOUR TOWN, YS XXXXX                                                                                    |  |                                    |                                                                                         | <b>6</b> Reported to IRS:<br>Gross proceeds <input checked="" type="checkbox"/><br>Net proceeds <input type="checkbox"/>                                     |                                                                          | <b>7</b> If checked, loss is not allowed based on amount in 1d <input type="checkbox"/>                      |                                                                          |                                                |                           |
| Account number (see instructions)                                                                                                                                                      |  |                                    |                                                                                         | <b>8</b> Profit or (loss) realized in 2023 on closed contracts<br>\$                                                                                         |                                                                          | <b>9</b> Unrealized profit or (loss) on open contracts—12/31/2022<br>\$                                      |                                                                          |                                                |                           |
| CUSIP number                                                                                                                                                                           |  |                                    | FATCA filing requirement <input type="checkbox"/>                                       |                                                                                                                                                              | <b>10</b> Unrealized profit or (loss) on open contracts—12/31/2023<br>\$ |                                                                                                              | <b>11</b> Aggregate profit or (loss) on contracts                        |                                                |                           |
| <b>14</b> State name                                                                                                                                                                   |  | <b>15</b> State identification no. |                                                                                         | <b>16</b> State tax withheld<br>\$                                                                                                                           |                                                                          | <b>12</b> If checked, basis reported to IRS <input checked="" type="checkbox"/>                              |                                                                          |                                                | <b>13</b> Bartering<br>\$ |
|                                                                                                                                                                                        |  |                                    |                                                                                         | \$                                                                                                                                                           |                                                                          |                                                                                                              |                                                                          |                                                |                           |

Form **1099-B**

[www.irs.gov/Form1099B](https://www.irs.gov/Form1099B)

Department of the Treasury - Internal Revenue Service