# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

IIILEIIIAI I	levellue Selvice						
Submi	ssion Identification Number (SID)						
Taxpaye	r's name	Social secur	ity numl	er			
SHIV	VA PRASAD BATTIPALLI	448-99-0021					
Spouse's		Spouse's social security number					
Part	-	year you	are au	thorizin	ıg.)		
	whole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 4		<i>c</i> 1	<i>c</i> 1	
1 2	Adjusted gross income		2		6,1	0.	
3	Total tax		3				
4	Amount you want refunded to you		4			158.	
5	Amount you owe		5			158.	
Part		eep a cor		our re	turn	)	
Under pmy knoreturn (eto send for any Agent transpaymer busines taxes to persona Electron	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected provided in the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised as a payment (settlement) date. I also authorize the financial institutions involved in the particle control of the payment (settlement) date. I also authorize the financial institutions involved in the particle control of the payment (settlement) and the income tax return (original or amended) I are aligned to the payment (PIN) below is my signature for the income tax return (original or amended) I are aligned to the payment concept.  **Yeer's PIN: check one box only**	I am now au e are the am tter, or electrotion of the S. Treasury a cated in the the authorizests must be processing a cayment. I furn now authorn my PIN	thorizing and its of the electron't enter five on't enter five	g, and to rom the turn originations, (b) designate or arration so to this a careful or ectronic knowled and, if apply 2 1 digits, bur all zero:	tts	poest of me tax (ERO) reason nancial are for it. This ncel) a than 2 nent of lat the ole, my	
0	As DINIs also also and have such						
Spous	e's PIN: check one box only I authorize to enter or generate i	my DIN			_ [	no mu	
	I authorize to enter or generate :	_	nter five	digits, bu	_	as my	
	signature on the income tax return (original or amended) I am now authorizing.			r all zero			
	I will enter my PIN as my signature on the income tax return (original or amended) I am neif you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.		_			_	
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part	Certification and Authentication — Practitioner PIN Method Only						
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5   8	7 2 7	8 6	1 9	8	9	
	2 I I I I I I I I I I I I I I I I I I I	Don't en					
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taged to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Ir	itting this ret	urn in a	accordan	iće w		
ERO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o So					

#### Department of the Treasury-Internal Revenue Service IRS Use Only-Do not write **U.S. Nonresident Alien Income Tax Return** or staple in this space. **Filing X** Single ☐ Married filing separately (MFS) (formerly Married) Qualifying widow(er) (QW) **Status** If you checked the QW box, enter the child's name if the Check only qualifying person is a child but not your dependent ▶ one box. Your identifying number Your first name and middle initial Last name (see instructions) SHIVA PRASAD 448-99-0021 BATTIPALLI Home address (number and street or rural route). If you have a P.O. box, see instructions. Apt. no. Check if: X Individual Estate or Trust 15110 OLDCORN LN ZIP code City, town, or post office. If you have a foreign address, also complete spaces below. State

Foreign province/state/county

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Foreign postal code

Yes

15

REV 03/01/21 PRO

BAA

0.

Form 1040-NR (2020)

☐ No

CHARLOTTE NC 28262

Foreign country name

Dependents											(4) 🗸	if qualifie	es for (see instr.):
(see instructions):			(2) Dependent's (3) Dependent's Child		Child tax		Credit for other						
(****		(1) First name	Last n	ame		identifying r	number	relati	onship	to you			dependents
If more than four													
dependents, see											L		
instructions and											L		
check here ►													
Income	1a	Wages, salaries, tips, e			` '							1a	6,161.
Effectively	b	Scholarship and fellows							ent. S	ee instruc	tions .	1b	
Connected	С	Total income exempt b	-	-		•		), Item					
With U.S.		L, line 1(e)							1c				
Trade or	2a	Tax-exempt interest .		2a			<b>b</b> Tax	cable inte	erest .			2b	
Business	3a	Qualified dividends .		3a			<b>b</b> Ord	dinary div	vidend	s		3b	
	4a	IRA distributions		4a			<b>b</b> Tax	kable am	ount .			4b	
	5a	Pensions and annuities		5a			<b>b</b> Tax	kable am	ount .			5b	
	6	Reserved for future use										6	
	7	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here . ▶ □									7		
	8	Other income from Schedule 1 (Form 1040), line 9									8		
	9	Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your <b>total effectively connected income</b>									9	6,161.	
	10	Adjustments to income	:										
	а	From Schedule 1 (Form	From Schedule 1 (Form 1040), line 22										
	b	Charitable contribution	s for cert	ain res	idents	of India. See i	nstruction	ns .	10b				
	С	Scholarship and fellow	Scholarship and fellowship grants excluded										
	d	Add lines 10a through 10c. These are your <b>total adjustments to income</b>								10d			
	11	Subtract line 10d from line 9. This is your <b>adjusted gross income</b>								11	6,161.		
	12	Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard											
		deduction. See instruct	ions .				\$t	d Dedr	ı US/	India	Treaty	12	12,400.
	13a	Qualified business inco	ed business income deduction. Attach Form 8995 or Form 8995-A 13a										
	b	Exemptions for estates	and trus	ts only	. See i	nstructions			13b				
	С	Add lines 13a and 13b										13c	
	14	Add lines 12 and 13c										14	12,400.

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040-NR (2	2020)						Page <b>2</b>
	16	Tax (see instructions). Check if any from Form(	s): <b>1</b> 8814 <b>2</b> 497	2 <b>3</b> 🗌		16	0.
	17	Amount from Schedule 2 (Form 1040), line 3				17	0.
	18	Add lines 16 and 17				18	0.
	19	Child tax credit or credit for other dependents	s			19	
	20	Amount from Schedule 3 (Form 1040), line 7				20	
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If zero or less, e	enter -0			22	0.
	23a	Tax on income not effectively connected w from Schedule NEC (Form 1040-NR), line 15		23a			
	b	Other taxes, including self-employment tax, f line 10	,,,	23b			
	С	Transportation tax (see instructions)		23c			
	d	Add lines 23a through 23c				23d	
	24	Add lines 22 and 23d. This is your <b>total tax</b>				24	0.
	25	Federal income tax withheld from:					
	а	Form(s) W-2		25a	458.		
	b	Form(s) 1099		25b			
	С	Other forms (see instructions)		25c			
	d	Add lines 25a through 25c				25d	458.
	е	Form(s) 8805				25e	
	f	Form(s) 8288-A				25f	
	g	Form(s) 1042-S				25g	
	26	2020 estimated tax payments and amount ap	pplied from 2019 return	<u></u>		26	
	27	Reserved for future use		27			
	28	Additional child tax credit. Attach Schedule 8	812 (Form 1040)	28			
	29	Credit for amount paid with Form 1040-C		29			
	30	Reserved for future use		30			
	31	Amount from Schedule 3 (Form 1040), line 13		31			
	32	Add lines 28 through 31. These are your total	l other payments and refunda	ble credits	. ▶	32	
	33	Add lines 25d, 25e, 25f, 25g, 26, and 32. The			. ▶	33	458.
Refund	34	If line 33 is more than line 24, subtract line 24		*	▶ □	34	458.
	35a	Amount of line 34 you want refunded to you	35a	458.			
Direct deposit? See instructions.	▶b	Routing number 0 8 1 0 0 0 0					
See instructions.	<b>▶</b> d	Account number 3 5 5 0 1 0 7					
	<b>▶</b> e	If you want your refund check mailed to an a					
		enter it here.		1			
	36	Amount of line 34 you want applied to your a	2021 estimated tax .	36			
Amount You Owe	37	Amount you owe. Subtract line 33 from line		1 1		37	
	38	1 7 ( )		38			
Third Party Designee	•	ou want to allow another person (other than the with the IRS? See instructions	your paid preparer) to discuss		Complete I	oelow.	⊠ No
(Other than paid preparer)	Desig name		Phone no. ▶		nal identific er (PIN)	ation ▶ [	
Sign Here		penalties of perjury, I declare that I have examined they are true, correct, and complete. Declaration of p					
TICIC	Your	signature	Date Your occupation				nt you an Identity
			SUETMADE E	NCTNEED	<b>I</b>	ection P nst.) ▶	IN, enter it here
-	Phon	2 70	SOFTWARE E Email address	NGTINEEK	(366)	101.)	
	Phone	e no. urer's name Preparer's sig		Date	PTIN		Check if:
Paid	•	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		03/06/2021	P02082		Self-employed
Preparer		s name ► GLOBAL TAXES LLC	TOTAL DAGAK GOFTA TADUAN	05/00/2021			78)965-9522
Use Only		saddress > 2530 Pebble Creek Li	n Cumming CA 20041				0-1017196
	7 111111	7000 LEDDIE CIECK TI	II CAIIIIIIII GA 30041		_ / U L1		<u> </u>

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

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

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/Form1040NR for instructions and the latest information. ▶ Attach to Form 1040-NR.

2020	
Attachment Sequence No. <b>7B</b>	

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number SHIVA PRASAD BATTIPALLI 448-99-0021

Enter a	imount of income und	er the	appropriate rate of tax. See instructions.				1		+		
	Nature of Income					(a) 10% (b) 15%		(c) 30%	(d) Other (specify)		
				_				%	%		
1	Dividends and divide				1a						
a	Dividends paid by U.S. corporations										
b		_	corporations		1b 1c						
С	c Dividend equivalent payments received with respect to section 871(m) transactions										
2	Interest:				2a						
а											
b			ns		2b						
С					2c						
3	-		s, trademarks, etc.)		3						
4	•		right royalties		4						
5			, recording, publishing, etc.)		5						
6			natural resources royalties		6						
7					7						
8	Social security benef	fits .			8						
9			elow		9						
10	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0										
а	Winnings										
b	Losses		<u> </u>		10c						
11	Gambling winnings—Residents of countries other than Canada.  Note: Losses not allowed				11						
12	Other (specify) ▶										
					12						
13	Add lines 1a through	12 in	columns (a) through (d)		13						
14			f tax at top of each column		14						
15	Tax on income not ef	fectiv	ely connected with a U.S. trade or business						R, line 23a ► <b>15</b>		
			Capital Gains and	d Losses I	From	Sales or Excha	inges of Proper	ty			
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		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 If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).	
(Form 1	•										
	property sales or ges that are effectively										
connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.									( )		
		18	Capital gain. Combine columns (f) and	(g) of line 17	7. Ente	er the net gain her	e and on line 9 abo	ove. If a loss, ente	er -0- ► <b>18</b>		

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

**Other Information** 

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

Attachment Sequence No. **7C** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040-NR. ► Answer all questions.

Name sl	nown on Form 1040-NR				Your identifying number					
SHIV	A PRASAD BATTIPALLI				448-99-0021					
Α	Of what country or countries were you a citizen or national during the tax year? INDIA									
В	In what country did you claim residence for tax purposes during the tax year? United States									
С	Have you ever applied to be a green card holder (lawful permanent resident) of the United States?									
D	Were you ever: A U.S. citizen?									
1.										
2.	A green card holder (lawful permanent resident) of the United States?									
	If you answer "Yes" to (1) or (2									
E	If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax yearF1									
F	Have you ever changed your v If you answered "Yes," indicat			on status?						
G	List all dates you entered and									
	Note: If you are a resident of 0	Canada or Mexico <b>AND</b> co	mmute to work in the	United States at frequ	ent intervals,					
	check the box for Canada or				Mexico					
	Date entered United States	Date departed United Stat	es Da	te entered United State	s Date departed United States					
	mm/dd/yy	mm/dd/yy		mm/dd/yy	mm/dd/yy					
Н	Give number of days (including 2018									
1	Did you file a U.S. income tax	return for any prior year?.			🔀 Yes 🗌 No					
	If "Yes," give the latest year ar	nd form number you filed >	104	10NR						
J	Are you filing a return for a trus									
	If "Yes," did the trust have a U.S. person, or receive a contr									
K	Did you receive total compens	ation of \$250,000 or more	during the tax year? .		🗌 Yes 🗵 No					
	If "Yes," did you use an alterna	ative method to determine	the source of this com	pensation?	🗌 Yes 🗌 No					
L	Income Exempt From Tax—If complete (1) through (3) below				tax treaty with a foreign country,					
1.	Enter the name of the country, amount of exempt income in the				claimed the treaty benefit, and the					
	<b>(a)</b> Cou	ntry	(b) Tax treaty article	(c) Number of month claimed in prior tax ye	','					
	(-) =	E 1010 115 11 : =	. , ,	<u> </u>						
_	(e) Total. Enter this amount of	·								
	Were you subject to tax in a fo				∐Yes ∐No					
3.	Are you claiming treaty benefit If "Yes," attach a copy of the C		-		🗌 Yes 🔀 No					
М	Check the applicable box if:	, , , , , , , , , , , , , , , , , , , ,	. <b>,</b>							
				rty located in the Unite	ed States as effectively connected					
2.		n a previous year that has	not been revoked, to	treat income from re	eal property located in the United					