#### 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.

Submission Identification Number (SID)

| Taxpay | er's name  | Social sec | urity numb  | er           |
|--------|--|------------|-------------|--------------|
| SAI    | CHAND PATCHALA   | 711-7      | 4-461       | 5            |
| Spouse | s's name   | Spouse's   | social secu | irity number |
| Par    | Tax Return Information — Tax Year Ending December 31, 2022 (Enter          | year you   | are aut     | horizing.)   |
| Enter  | whole dollars only on lines 1 through 5.                                   |            |             |              |
| Note:  | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.     |            |             |              |
| 1      | Adjusted gross income  |            | 1           | 146,620.     |
| 2      | Total tax  |            | 2           | 25,914.      |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099              |            | 3           | 26,021.      |
| 4      | Amount you want refunded to you  |            | 4           | 107.         |
| 5      | Amount you owe   |            | 5           |              |
| Part   | II Taxpayer Declaration and Signature Authorization (Be sure you get and I | keep a co  | opy of y    | our return)  |

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

|   |             |          |      | FBO firm name |                             | En |
|---|-------------|----------|------|---------------|-----------------------------|----|
| X | l authorize | GLOBAL T | AXES | LLC           | to enter or generate my PIN |    |
|   |             |          |      |               |                             | 14 |

| 4          | 4     | 6 | 1 | 5 |  |
|------------|-------|---|---|---|--|
| Ent<br>don | as my |   |   |   |  |

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's signature >  | Date 🕨                              |
|---|-------------------------------------|
| Practitioner PIN Method Returns   | Only—continue below                 |
| Part III Certification and Authentication – Practitioner PIN                | Method Only                         |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self- | selected PIN. 2 2 2 4 9 6 6 1 9 8 9 |

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

| ERO's signature >   | Date 🕨 |                          |  |  |  |
|---|--------|--------------------------|--|--|--|
| ERO Must Retain This Form — See Instructions<br>Don't Submit This Form to the IRS Unless Requested To Do So |        |                          |  |  |  |
| For Denerwork Deduction Act Nation and your toy   |        | Earm 8879 (Bay, 01 2021) |  |  |  |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/24/23 PRO

| E 1040                              | )-[     | VR Department of the Treasury-Inter<br>U.S. Nonresident Ali                           | nal Rever<br><b>en In</b>  | nue Service<br>COME TAX F       | leturn     | 2022                | OMB No. | 1545-0074    | IRS U      | Use Only-Do not write<br>staple in this space. |
|-------------------------------------|---------|---|--|---------------------------------|------------|---------------------|---------|--------------|------------|--|
|                                     |         | Dec. 31, 2022, or other tax year beginn   |  |                                 |            |                     |         |              | - T        | See separate instructions.                     |
| Filing<br>Status<br>Check only      |         |   |  |                                 |            |                     |         | endent:      | state      |  |
| one box.                            |         |   |  |                                 |            |                     |         |              | dont       | if in a much or                                |
| Your first name                     | and     | middle initial  | Last na  | ame                             |            |                     |         |              |            | i <b>fying number</b><br>ctions)               |
| SAI CHANI                           | r       |   | PATC   | ΉΔΤ.Δ                           |            |                     |         | 711          | _74        | -4615  |
|                                     |         | ber and street). If you have a P.O. box   |  |                                 |            |                     |         | /            | . / 1      | Apt. no.                                       |
|                                     |         | ROVE DRIVE  | ,  |                                 |            |                     |         |              |            |  |
|                                     |         | office. If you have a foreign address, als  | so comp  | olete spaces belo               | w.         |                     | State   |              | ZIF        | ° code   |
| FRISCO                              |         |   |  |                                 |            |                     | TX      |              | 75         | 5033   |
| Foreign country                     | / nan   | ne  | Foreig   | n province/state/               | county     |                     | Foreig  | n postal c   |            |  |
|                                     |         |   |  |                                 |            |                     |         |              |            |  |
| Digital Assets                      |         | any time during 2022, did you: (a) recei<br>erwise dispose of a digital asset (or a f |  |                                 |            |                     |         |              |            |  |
| Dependents                          |         |   |  |                                 |            |                     | (4)     | Check the b  | ox if q    | ualifies for (see inst.):                      |
| (see instructions)                  |         | (1) First name Last name  |  | (2) Depender<br>identifying nur |            | (3) Relationship to | c       | hild tax cre | dit        | Credit for other                               |
|                                     |         |   |  |                                 |            |                     | you     |              |            | dependents                                     |
| If more than four                   | .       |   |  |                                 |            |                     |         |              |            |  |
| dependents, see<br>instructions and |         |   |  |                                 |            |                     |         |              |            |  |
| check here                          |         |   |  |                                 |            |                     |         |              |            |  |
| Income                              | 1a      | Total amount from Form(s) W-2, box  | : 1 (see i   | instructions) .                 |            |                     |         | . 1          | a          | 158,358.                                       |
| Effectively                         | b       | Household employee wages not rep  |  | ,                               |            |                     |         |              | _          | ·  |
| Connected                           | с       | Tip income not reported on line 1a (s   |  |                                 |            |                     |         |              | с          |  |
| With U.S.                           | d       | Medicaid waiver payments not report   |  |                                 |            |                     |         |              | d          |  |
| Trade or                            | е       | Taxable dependent care benefits fro   |  |                                 |            |                     |         |              | e          |  |
| Business                            | f       | Employer-provided adoption benefit  | s from F   | orm 8839, line 2                | 9          |                     |         | . 1          | f          |  |
|                                     | g       | Wages from Form 8919, line 6  |  |                                 |            |                     |         | . 1          | g          |  |
| Attach<br>Form(s) W-2,              | h       | Other earned income (see instructions)  |  |                                 |            |                     |         |              |            |  |
| 1042-S,                             | i       | Reserved for future use   .   .   .   .   .   .   1i                                  |  |                                 |            |                     |         |              |            |  |
| SSA-1042-S,<br>RRB-1042-S,          | j       | Reserved for future use   |  |                                 |            |                     |         | . 1          | j          |  |
| and 8288-A                          | k       | Total income exempt by a treaty from  | n Sched  | lule OI (Form 104               | 0-NR), ite | em L,               |         |              |            |  |
| here. Also                          |         | line 1(e)   |  |                                 |            |                     |         |              |            | 1 = 0 = 0                                      |
| attach<br>Form(s)                   | z       | Add lines 1a through 1h   | 1  | · · · · ·                       |            |                     |         |              |            | 158,358.                                       |
| 1099-R if                           | 2a      | Tax-exempt interest 2a  | _  |                                 |            | ble interest        |         |              |            |  |
| tax was withheld.                   | 3a      | Qualified dividends 3a  | _  | 22.                             |            | hary dividends .    |         |              | _          | 22.  |
| lf you did not                      | 4a      | IRA distributions 4a<br>Pensions and annuities 5a                                     |  |                                 |            | ble amount          |         |              | _          |  |
| get a Form                          | 5a<br>6 | Pensions and annuities 5a<br>Reserved for future use                                  | _  |                                 |            | ble amount          |         |              | _          |  |
| W-2, see                            | 7       |   |  |                                 |            |                     |         |              | _          |  |
| instructions.                       | 8       |   | Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here |                                 |            |                     |         |              |            |  |
|                                     | 9       | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8  | ,,   |                                 |            |                     |         |              | _          | <u>-11,760.</u><br>146,620.                    |
|                                     | 10      | Adjustments to income:  |  |                                 |            |                     |         | . –          | -          | 110,020.                                       |
|                                     | а       | From Schedule 1 (Form 1040), line 2   | 6  |                                 |            | . 10a               |         |              |            |  |
|                                     | b       | Reserved for future use   |  |                                 |            |                     |         |              |            |  |
|                                     | С       | Reserved for future use   |  |                                 |            |                     |         |              |            |  |
|                                     | d       | Enter the amount from line 10a. The   |  |                                 |            |                     |         | . 10         | )d         |  |
|                                     | 11      | Subtract line 10d from line 9. This is  |  |                                 |            |                     |         |              | 1          | 146,620.                                       |
|                                     | 12      | Itemized deductions (from Schedu deduction (see instructions)                         | le A (Fo   | orm 1040-NR)) or                | for certa  | ain residents of In |         | dard         | 2          | 12,950.  |
|                                     | 13a     | Qualified business income deduction   |  |                                 |            | 1 1                 |         | ···· 1       | -          | , <i>&gt;</i> , ∪ .                            |
|                                     | b       | Exemptions for estates and trusts or  |  |                                 |            |                     |         |              |            |  |
|                                     | c       | Add lines 13a and 13b   |  | ,                               |            |                     |         | . 1:         | BC         |  |
|                                     | 14      |   |  |                                 |            |                     |         |              |            | 12,950.  |
|                                     | 15      | Subtract line 14 from line 11. If zero  |  |                                 |            |                     |         |              |            | 133,670.                                       |
|                                     |         | and Banarwark Boduction Act   |  |                                 |            |                     | -       |              | - <u> </u> |  |

Form **1040-NR** (2022)

| Form 1040-NR (    | 2022)  |  |                    |                         |                |         |                |         |            |          | Page <b>2</b>       |
|-------------------|--------|--|--------------------|-------------------------|----------------|---------|----------------|---------|------------|----------|---------------------|
| Tax and           | 16     | Tax (see instructions). Check if an  | ny from For        | rm(s): <b>1</b> 🗌 88    | 314 <b>2</b>   | 4972    | 3              |         |            | 16       | 25,914.             |
| Credits           | 17     | Amount from Schedule 2 (Form   |                    |                         |                |         |                |         |            | 17       | 0.                  |
|                   | 18     | Add lines 16 and 17  |                    |                         |                |         |                |         |            | 18       | 25,914.             |
|                   | 19     | Child tax credit or credit for othe  | er depende         | ents from Sched         | ule 8812 (Forr | m 1040  | ).             |         |            | 19       |                     |
|                   | 20     | Amount from Schedule 3 (Form   | 1040), line        | 8                       |                |         |                |         |            | 20       |                     |
|                   | 21     | Add lines 19 and 20  |                    |                         |                |         |                |         |            | 21       |                     |
|                   | 22     | Subtract line 21 from line 18. If a  | ero or less        | s, enter -0             |                | · · .   |                |         |            | 22       | 25,914.             |
|                   | 23a    | Tax on income not effectively co<br>Schedule NEC (Form 1040-NR),                     |                    |                         |                |         | 23a            |         |            |          |                     |
|                   | b      | Other taxes, including self-empl   | -                  |                         |                | ···     | 23b            |         |            |          |                     |
|                   | С      | Transportation tax (see instruction  | ons)               |                         |                | . 1     | 23c            |         |            |          |                     |
|                   | d      | Add lines 23a through 23c  |                    |                         |                |         |                |         |            | 23d      |                     |
|                   | 24     | Add lines 22 and 23d. This is yo   | ur <b>total ta</b> | <b>x</b>                |                |         |                |         |            | 24       | 25,914.             |
| Payments          | 25     | Federal income tax withheld from   | n:                 |                         |                |         |                |         |            |          |                     |
| -                 | а      | Form(s) W-2  |                    |                         |                | . 1     | 25a            | 26      | 5,021.     |          |                     |
|                   | b      | Form(s) 1099   |                    |                         |                | . 1     | 25b            |         |            |          |                     |
|                   | с      | Other forms (see instructions)   |                    |                         |                | . 1     | 25c            |         |            |          |                     |
|                   | d      | Add lines 25a through 25c  |                    |                         |                |         |                |         |            | 25d      | 26,021.             |
|                   | е      | Form(s) 8805   |                    |                         |                |         |                |         |            | 25e      |                     |
|                   | f      | Form(s) 8288-A   |                    |                         |                |         |                |         |            | 25f      |                     |
|                   | g      | Form(s) 1042-S   |                    |                         |                |         |                |         |            | 25g      |                     |
|                   | 26     | 2022 estimated tax payments ar   | nd amount          | applied from 20         | 21 return .    |         |                |         |            | 26       |                     |
|                   | 27     | Reserved for future use  |                    |                         |                | .       | 27             |         |            |          |                     |
|                   | 28     | Additional child tax credit from S   | Schedule 8         | 8812 (Form 1040         | )              |         | 28             |         |            |          |                     |
|                   | 29     | Credit for amount paid with Forr   | n 1040-C           |                         |                | . [     | 29             |         |            |          |                     |
|                   | 30     | Reserved for future use  |                    |                         |                |         | 30             |         |            |          |                     |
|                   | 31     | Amount from Schedule 3 (Form   |                    |                         |                |         | 31             |         |            |          |                     |
|                   | 32     | Add lines 28, 29, and 31. These  | are your to        | otal other paym         | ents and ref   | fundab  | e cre          | dits .  |            | 32       |                     |
|                   | 33     | Add lines 25d, 25e, 25f, 25g, 26   | , and 32. T        | hese are your <b>to</b> | tal payment    | ts.     |                |         |            | 33       | 26,021.             |
| Refund            | 34     | If line 33 is more than line 24, su  | btract line        | 24 from line 33.        | This is the ar | mount   | /ou <b>o</b> \ | /erpaid |            | 34       | 107.                |
|                   | 35a    | Amount of line 34 you want refu  | nded to y          | ou. If Form 8888        | s is attached, | check   | here           |         | 🗆          | 35a      | 107.                |
| Direct deposit?   | b      | Routing number 0 8 1 0   | 0 0                | 0 3 2                   | <b>c</b> Type: | ХС      | heckir         | ng 🗌    | Savings    |          |                     |
| See instructions. | d      | Account number 3 5 5 0   | 0 4                | 7 1 7 6                 |                |         |                |         | -          |          |                     |
|                   | е      | If you want your refund check m  | nailed to a        | n address outsic        | le the United  | States  | not sl         | hown on | page 1,    |          |                     |
|                   |        | enter it here.   |                    |                         |                |         |                |         |            |          |                     |
|                   | 36     | Amount of line 34 you want app   | lied to you        | ur 2023 estimat         | ed tax .       | .       | 36             |         |            | -        |                     |
| Amount            | 37     | Subtract line 33 from line 24. Th  |                    |                         |                |         | <b>i</b>       |         |            |          |                     |
| You Owe           |        | For details on how to pay, go to   | www.irs.g          | ov/Payments or          | see instructio | ons.    |                |         |            | 37       |                     |
|                   | 38     | Estimated tax penalty (see instru  | uctions) .         |                         |                | .       | 38             |         |            |          |                     |
| Third             | Do yo  | ou want to allow another person to   | discuss t          | his return with th      | ne IRS? See ir | nstruct | ons.           |         | es. Comp   | lete bel | ow. 🛛 No            |
| Party             | Desig  | nee's  |                    | Phone                   |                |         |                | Perso   | nal identi | ication  |                     |
| Designee          | name   |  |                    | 20                      |                |         |                |         | er (PIN)   |          |                     |
|                   |        | penalties of perjury, I declare that I ha<br>they are true, correct, and complete. [ |                    |                         |                |         |                |         |            |          |                     |
| Sign              | Your   | signature  |                    | Date                    | Your occupa    | ation   |                |         | If th      | e IRS s  | ent you an Identity |
| Here              |        | -  |                    |                         |                |         |                |         |            |          | PIN, enter it here  |
|                   |        |  |                    |                         | SOFTWAR        | RE EN   | GINE           | EER     | (see       | e inst.) |                     |
|                   | Phone  |  | _                  | Email address           |                |         |                |         |            |          |                     |
| Paid              | Prepa  | arer's name  | Preparer           | 's signature            |                | [       | Date           |         | PTIN       |          | Check if:           |
| Preparer          | VENKA  | ATA SAI PAVAN KUMAR DUDIPALLI  | VENKATA            | SAI PAVAN KU            | JMAR DUDIPA    | ALLI (  | 4/19           | /2023   | P0247      | 0833     | Self-employed       |
| Use Only          | Firm's | name GLOBAL TAXES  | LLC                |                         |                |         |                |         | Phone r    | 10. (6   | 78)965-9522         |
|                   | Firm's | address 245 ROONEY (   | CT E BF            | RUNSWICK N              | J 08816        |         |                |         | Firm's E   | IN 8     | 8-2145487           |
| Go to www.ire     |        | rm10/0NR for instructions and the l  | atest inform       | nation                  |                |         |                |         | <u>_</u>   | E        | orm 1040-NR (2022)  |

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

REV 03/24/23 PRO

Form **1040-NR** (2022)

| SCHEDULE    | 1 |
|-------------|---|
| (Form 1040) |   |

Department of the Treasury

# Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074 2

| Department of the Treasury<br>Internal Revenue Service | Attachment<br>Sequence No. <b>01</b> |       |  |
|--|--------------------------------------|-------|--|
| Name(s) shown on Fo                                    | ial security number                  |       |  |
| SAI CHAND PATC   | 711-74                               | -4615 |  |
| Part I Additio   | onal Income                          |       |  |

| Par | Additional income  |                      |            |          |
|-----|--|----------------------|------------|----------|
| 1   | Taxable refunds, credits, or offsets of state and local income taxes           |                      | 1          |          |
| 2a  | Alimony received   |                      | <b>2</b> a |          |
| b   | Date of original divorce or separation agreement (see instructions):           |                      |            |          |
| 3   | Business income or (loss). Attach Schedule C                                   |                      | 3          |          |
| 4   | Other gains or (losses). Attach Form 4797                                      |                      | 4          |          |
| 5   | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ach Schedule E .     | 5          | -11,760. |
| 6   | Farm income or (loss). Attach Schedule F                                       |                      | 6          |          |
| 7   | Unemployment compensation  |                      | 7          |          |
| 8   | Other income:  |                      |            |          |
| а   | Net operating loss   | 8a (                 | )          |          |
| b   | Gambling   | 8b                   |            |          |
| С   | Cancellation of debt   | 8c                   |            |          |
| d   | Foreign earned income exclusion from Form 2555                                 | 8d (                 | )          |          |
| е   | Income from Form 8853  | 8e                   |            |          |
| f   | Income from Form 8889  | 8f                   |            |          |
| g   | Alaska Permanent Fund dividends  | 8g                   |            |          |
| h   | Jury duty pay  | 8h                   |            |          |
| i   | Prizes and awards  | 8i                   |            |          |
| j   | Activity not engaged in for profit income                                      | 8j                   |            |          |
| k   | Stock options  | 8k                   |            |          |
| I.  | Income from the rental of personal property if you engaged in the rental       |                      |            |          |
|     | for profit but were not in the business of renting such property               | 81                   |            |          |
| m   | Olympic and Paralympic medals and USOC prize money (see                        |                      |            |          |
|     | instructions)  | 8m                   |            |          |
| n   | Section 951(a) inclusion (see instructions)                                    | 8n                   |            |          |
| ο   | Section 951A(a) inclusion (see instructions)                                   | 80                   |            |          |
| р   | Section 461(I) excess business loss adjustment                                 | 8p                   |            |          |
| q   | Taxable distributions from an ABLE account (see instructions)                  | 8q                   |            |          |
| r   | Scholarship and fellowship grants not reported on Form W-2                     | 8r                   |            |          |
| S   | Nontaxable amount of Medicaid waiver payments included on Form                 |                      |            |          |
|     | 1040, line 1a or 1d  | <b>8s</b> (          | )          |          |
| t   | Pension or annuity from a nonqualifed deferred compensation plan or            |                      |            |          |
|     | a nongovernmental section 457 plan   | 8t                   |            |          |
| u   | Wages earned while incarcerated  | 8u                   |            |          |
| z   | Other income. List type and amount:  |                      |            |          |
|     |  | 8z                   |            |          |
| 9   | Total other income. Add lines 8a through 8z                                    |                      | 9          |          |
| 10  | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR          | , or 1040-NR, line 8 | 10         | -11,760. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

| Parl | II Adjustments to Income   |     |          |          |     |                      |
|------|--|-----|----------|----------|-----|----------------------|
| 11   | Educator expenses  |     |          |          | 11  |                      |
| 12   | Certain business expenses of reservists, performing artists, and fee |     |          | rernment |     |                      |
|      | officials. Attach Form 2106  |     |          |          | 12  |                      |
| 13   | Health savings account deduction. Attach Form 8889                   |     |          |          | 13  |                      |
| 14   | Moving expenses for members of the Armed Forces. Attach Form 3903    |     |          |          | 14  |                      |
| 15   | Deductible part of self-employment tax. Attach Schedule SE           |     |          |          | 15  |                      |
| 16   | Self-employed SEP, SIMPLE, and qualified plans                       |     |          |          | 16  |                      |
| 17   | Self-employed health insurance deduction                             |     |          |          | 17  |                      |
| 18   | Penalty on early withdrawal of savings                               |     |          |          | 18  |                      |
| 19a  | Alimony paid   |     |          |          | 19a |                      |
| b    | Recipient's SSN  |     |          |          |     |                      |
|      | Date of original divorce or separation agreement (see instructions): |     |          |          |     |                      |
| 20   | IRA deduction  |     |          |          | 20  |                      |
| 21   | Student loan interest deduction                                      |     |          |          | 21  |                      |
| 22   | Reserved for future use  |     |          |          | 22  |                      |
| 23   | Archer MSA deduction   |     |          |          | 23  |                      |
| 24   | Other adjustments:   |     |          |          |     |                      |
|      |  | 24a |          |          |     |                      |
|      | Deductible expenses related to income reported on line 8I from the   |     |          |          |     |                      |
|      |  | 24b |          |          |     |                      |
| с    | Nontaxable amount of the value of Olympic and Paralympic medals      |     |          |          |     |                      |
| •    | and USOC prize money reported on line 8m                             | 24c |          |          |     |                      |
| d    |  | 24d |          |          |     |                      |
| e    | Repayment of supplemental unemployment benefits under the Trade      |     |          |          |     |                      |
| -    | Act of 1974  | 24e |          |          |     |                      |
| f    | Contributions to section 501(c)(18)(D) pension plans                 | 24f |          |          |     |                      |
|      |  | 24g |          |          |     |                      |
|      | Attorney fees and court costs for actions involving certain unlawful |     |          |          |     |                      |
|      |  | 24h |          |          |     |                      |
| i    | Attorney fees and court costs you paid in connection with an award   |     |          |          |     |                      |
| ·    | from the IRS for information you provided that helped the IRS detect |     |          |          |     |                      |
|      | tax law violations   | 24i |          |          |     |                      |
| i    | Housing deduction from Form 2555                                     | 24j |          |          |     |                      |
|      | Excess deductions of section 67(e) expenses from Schedule K-1 (Form  |     |          |          |     |                      |
|      |  | 24k |          |          |     |                      |
| z    | Other adjustments. List type and amount:                             |     |          |          |     |                      |
|      |  | 24z |          |          |     |                      |
| 25   | Total other adjustments. Add lines 24a through 24z                   |     |          |          | 25  |                      |
| 26   | Add lines 11 through 23 and 25. These are your adjustments to income |     |          |          |     |                      |
|      | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a             |     |          |          | 26  |                      |
|      | BAA  | REV | 03/24/23 | PRO      | ·   | le 1 (Form 1040) 202 |

### SCHEDULE NEC (Form 1040-NR)

# Tax on Income Not Effectively Connected With a U.S. Trade or Business Go to www.irs.gov/Form1040NR for instructions and the latest information.

Attach to Form 1040-NR.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Sequence No. 7B Your identifying number

2

Attachment

711-74-4615

| Name sl | hown on Fo | rm 1040-NR |
|---------|------------|------------|
| SAI     | CHAND      | PATCHALA   |

| Enter a  | amount of income unde  | er the appropriat  | te rate of tax. See instructions. |                         |                      |                                    |                        |                         |  |  |
|--|--|--|-----------------------------------|-------------------------|----------------------|------------------------------------|------------------------|-------------------------|--|--|
|  |  | Nature   | e of Income                       | come (a) 10% (b) 15% (c |                      |                                    | (c) 30%                | (d) Other (specify)     |  |  |
|  |  | Nature   |                                   |                         |                      | (4) 1070                           | (6) 1070               | (0) 00 /0               | %  | %  |
| 1  | Dividends and divide   | nd equivalents   | :                                 |                         |                      |                                    |                        |                         |  |  |
| а  | Dividends paid by U.   | S. corporations  | 8                                 |                         | 1a                   |                                    |                        |                         |  |  |
| b  | Dividends paid by for  | reign corporatio   | ons                               |                         | 1b                   |                                    |                        |                         |  |  |
| С  | Dividend equivalent p  | ayments receive  | ed with respect to section 871    | (m) transactions        | 1c                   |                                    |                        |                         |  |  |
| 2  | Interest:  |  |                                   |                         |                      |                                    |                        |                         |  |  |
| а  | Mortgage   |  |                                   |                         | 2a                   |                                    |                        |                         |  |  |
| b  | Paid by foreign corpo  | orations   |                                   |                         | 2b                   |                                    |                        |                         |  |  |
| с  | Other  |  |                                   |                         | 2c                   |                                    |                        |                         |  |  |
| 3  | Industrial royalties (p  | atents, tradema  | arks, etc.)                       |                         | 3                    |                                    |                        |                         |  |  |
| 4  | Motion picture or TV   | copyright royal  | lties                             |                         | 4                    |                                    |                        |                         |  |  |
| 5  | Other royalties (copy  | rights, recordin   | g, publishing, etc.)              |                         | 5                    |                                    |                        |                         |  |  |
| 6  | Real property income   | e and natural re   | esources royalties                |                         | 6                    |                                    |                        |                         |  |  |
| 7  | Pensions and annuiti   | es   |                                   |                         | 7                    |                                    |                        |                         |  |  |
| 8  | Social security benef  | its  |                                   |                         | 8                    |                                    |                        |                         |  |  |
| 9  |  |  |                                   |                         | 9                    |                                    |                        |                         |  |  |
| 10   | If zero or less, enter   | r -0   | ly. Enter net income in colum     | ın (c).                 |                      |                                    |                        |                         |  |  |
| а  | Winnings   |  |                                   |                         |                      |                                    |                        |                         |  |  |
| b  | Losses   |  |                                   |                         | 10c                  |                                    |                        |                         |  |  |
| 11   | Note: Losses not allo  | owed   | ountries other than Canada.       |                         | 11                   |                                    |                        |                         |  |  |
| 12   |  |  |                                   |                         | 12                   |                                    |                        |                         |  |  |
| 13   |  |  | (a) through (d)                   |                         | 13                   |                                    |                        |                         |  |  |
| 14   | Multiply line 13 by r  | ate of tax at to   | p of each column                  |                         | 14                   |                                    |                        |                         |  |  |
| 15   | Tax on income not effective  | ffectively conne   | ected with a U.S. trade or bus    | iness. Add colun        | nns (a) <sup>-</sup> | through (d) of line 1              | 4. Enter the total her | e and on Form 1040      | -NR, line 23a <b>15</b>  |  |
|  |  |  | Capital Gains                     | and Losses I            | From                 | Sales or Excha                     | anges of Proper        | ty                      |  |  |
| losses f<br>exchan<br>within t   | nly the capital gains and<br>from property sales or<br>ges that are from sources<br>he United States and not | 16 (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below) (b) Date acqui<br>mm/dd/yyyy |                                   |                         |                      | <b>(c)</b> Date sold<br>mm/dd/yyyy | (d) Sales price        | (e) Cost or other basis | (f) LOSS<br>If (e) is more than (d),<br>subtract (d) from (e). | (g) GAIN<br>If (d) is more than (e),<br>subtract (e) from (d). |
| busines  | ely connected with a U.S.<br>s. Do not include a gain  |  |                                   |                         |                      |                                    |                        |                         |  |  |
| or loss on disposing of a U.S. real<br>property interest; report these<br>gains and losses on Schedule D<br>(Form 1040). |  |  |                                   |                         |                      |                                    |                        |                         |  |  |
|  |  |  |                                   |                         |                      |                                    |                        |                         |  |  |
|  | property sales or  |  |                                   |                         |                      |                                    |                        |                         |  |  |
| exchan   | ges that are effectively   |  |                                   |                         |                      |                                    |                        | <u> </u>                |  |  |
| on Sch   | ted with a U.S. business<br>edule D (Form 1040),   |  |                                   |                         |                      |                                    |                        |                         | 1  |  |
|  | 797, or both.  | _  | gain. Combine columns (f) a       |                         | (. Ente              | -                                  |                        | ove. If a loss, ente    | er -0 <b>18</b>  |  |
| For Pa   | aperwork Reduction A   | ct Notice, see tl  | he Instructions for Form 1040     | )-NR.                   |                      | REV                                | 03/24/23 PRO           |                         | Schedule NEC   | (Form 1040-NR) 2022  |

| SCHE  | DULE   | ΟΙ |
|-------|--------|----|
| (Form | 1040-N | R) |

Α

В

С

D

Ε

F

G

Μ

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR SAI CHAND PATCHALA

### **Other Infor**

|  |                          |                   | Other I  | nformati        | on                                    |              | OMB No. 15                 | 45-0074  |
|--|--------------------------|-------------------|--|-----------------|---------------------------------------|--------------|----------------------------|----------|
| rm   | 1040-NR)                 | Go t              | 20   | )2              |                                       |              |                            |          |
|  | nent of the Treasury     |                   |  | Form 1040-N     |                                       |              | Attachment                 |          |
|  | Revenue Service          |                   | Answer   | all questions   |                                       |              | Sequence N                 | o. 7C    |
| ie s   | hown on Form 1040        | -NR               |  |                 |                                       |              | fying number               |          |
| ΔI   | I CHAND PATCHALA 711-74- |                   |  |                 |                                       |              |                            |          |
|  | Of what country          | / or countries w  | vere you a citizen or national du                                      | uring the tax y | /ear? INDIA                           |              |                            |          |
|  |                          |                   | residence for tax purposes du  |                 |                                       |              |                            |          |
|  | Have you ever a          | applied to be a   | green card holder (lawful perm   | nanent resider  | nt) of the United States? .           |              | . 🗌 Yes                    | 🛛 No     |
|  | Were you ever:           |                   |  |                 |                                       |              |                            |          |
| 1.   | A U.S. citizen?          |                   |  |                 |                                       |              | . 🗌 Yes                    | 🗙 No     |
| 2.   | A green card ho          | older (lawful pei | manent resident) of the United   | States? .       |                                       |              | . 🗌 Yes                    | 🗙 No     |
|  | If you answer "          | Yes" to (1) or (2 | ), see Pub. 519, chapter 4, for  | expatriation r  | ules that apply to you.               |              |                            |          |
|  |                          |                   | day of the tax year, enter your<br>lay of the tax year. <u>F1</u>      | visa type. If   | you didn't have a visa, en            |              |                            |          |
| Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? |                          |                   |  |                 |                                       |              | . Yes                      | X No     |
|  | List all dates yo        | u entered and     | left the United States during 20                                       | 022. See instr  | uctions.                              |              |                            |          |
|  |                          |                   | anada or Mexico <b>AND</b> commu<br><b>Mexico</b> and skip to item H . |                 |                                       | ient interva |                            |          |
|  | Date entered<br>mm/c     |                   | Date departed United States<br>mm/dd/yy                                |                 | Date entered United State<br>mm/dd/yy | s Date       | departed Unite<br>mm/dd/yy | d States |
|  |                          |                   |  |                 |                                       |              |                            |          |
|  |                          |                   |  |                 |                                       |              |                            |          |
|  |                          |                   |  |                 |                                       |              |                            |          |
|  |                          |                   |  |                 |                                       |              |                            |          |

| н | Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:   |       |      |
|---|---|-------|------|
|   | 2020 , 2021 , and 2022 <u>365</u> .   |       |      |
| L | Did you file a U.S. income tax return for any prior year?   | X Yes | 🗌 No |
|   | If "Yes," give the latest year and form number you filed: 1040NR  |       |      |
| 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 |

| κ | 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.  |

| 1. | 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 |
|----|--|---------------------------|---|---|
|    |  |                           |   |   |
|    |  |                           |   |   |
|    |  |                           |   |   |
|    | (e) Total. Enter this amount on Form 1040-NR, line 1k. D   | Do not enter it anywhere  | e else on line 1                                |   |
| 2. | Were you subject to tax in a foreign country on any of the   | e income shown in 1(d)    | above?  | 🗌 Yes 🗌 No                                      |
| 3. | Are you claiming treaty benefits pursuant to a Competent   | t Authority determination | on?   | 🗌 Yes 🛛 No                                      |
|    | If "Yes," attach a copy of the Competent Authority deterr  | mination letter to your r | eturn.  |   |
|    | Check the applicable box if:   |                           |   |   |
| 1. | This is the first year you are making an election to treat in with a U.S. trade or business under section 871(d). See in |                           |   |   |
| 2. | You have made an election in a previous year that has States as effectively connected with a U.S. trade or busin         |                           |   |   |

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

| (Form  | (Fr                                   | rom re | ental r   | eal estat | te, royalti     | es, partnersl | hips, S                     | corporat | ions, es   | states,          | trusts, REMI | Cs, etc.)                     | ゆに                       | 99             |          |
|--|---------------------------------------|--------|---|-----------|-----------------|---------------|-----------------------------|----------|------------|------------------|--------------|-------------------------------|--------------------------|----------------|----------|
| Department of the Treasury<br>Internal Revenue Service |                                       |        | Attach to Form 1040, 1040-SR, 1040-NR, or 1041.<br>Go to www.irs.gov/ScheduleE for instructions and the latest information. |           |                 |               |                             |          |            |                  |              | Attachment<br>Sequence No. 13 |                          |                |          |
|  | shown on return                       |        |   | GU        | 10 10 10 10 10. | s.yov/3       |                             | i ilisuu |            |                  | alesi ii     |                               | Vour sooi                | al security r  |          |
| . ,  | CHAND PATC                            | דער    | .7  |           |                 |               |                             |          |            |                  |              |                               |                          | 4-4615         | lumber   |
| Part   |                                       |        |   | From      | n Rent          | tal Real      | Estate an                   | d Ro     | valties    |                  |              |                               | / /                      | 1 1015         |          |
| rare   | Note: If yo                           | u ar   | e in th   | ne busi   | ness of r       | renting per   |                             |          |            | <b>e C</b> . See | e instru     | ctions. If you                | are an indi <sup>,</sup> | vidual, repo   | ort farm |
|  | Did you make an                       |        |   |           |                 |               |                             | to file  | Form(s)    | 1099? \$         | See in       | structions .                  |                          | . 🗌 Ye         | s 🛛 No   |
| Bİ   | f "Yes," did you                      | or ۱   | will yo   | ou file   | require         | d Form(s)     | 1099? .                     |          |            |                  |              |                               |                          | . 🗌 Ye         | s 🗌 No   |
| <b>1</b> a   | Physical addr                         | ess    | of ea   | ach pro   | operty (        | street, cit   | y, state, ZI                | P code   | e)         |                  |              |                               |                          |                |          |
| Α  | ASHOK NAGA                            | ٩R     | 4/4   | GUN       | TUR A           | NDHRA         | PRADESH                     | IN 5     | 522007     |                  |              |                               |                          |                |          |
| B  |                                       |        |   |           |                 |               |                             |          |            |                  |              |                               |                          |                |          |
| C  |                                       |        |   |           |                 |               |                             |          |            |                  |              |                               |                          |                |          |
| 1b   | Type of Prope<br>(from list below     |        | 2   |           |                 |               | state prope<br>nber of fair |          |            |                  | Fa           | air Rental<br>Days            | Persor                   | nal Use<br>iys | QJV      |
| Α  | 3                                     | •)     |   |           |                 |               | heck the Q                  |          |            | Α                |              | 365                           |                          | 0              |          |
| B  | 5                                     |        |   | if you    | ı meet t        | the requir    | ements to f                 | file as  | a          | B                |              | 303                           |                          | 0              |          |
|  |                                       |        |   | quali     | fied joir       | nt venture    | . See instru                | uctions  | 6.         | C                |              |                               |                          |                |          |
|  | of Property:                          |        |   |           |                 |               |                             |          |            |                  |              |                               |                          |                |          |
|  | Single Family R                       | esid   | lence   |           | 3 Vacat         | tion/Shor     | t-Term Ren                  | ital     | 5 Lanc     | ł                | 7            | Self-Rental                   |                          |                |          |
|  | Multi-Family Re                       |        |   |           | 4 Comr          | mercial       |                             |          | 6 Roya     | alties           | 8            | Other (desc                   | ribe)                    |                |          |
|  |                                       |        |   |           |                 |               |                             |          | -          |                  |              |                               |                          |                |          |
| Incom  |                                       |        |   |           |                 |               |                             |          |            | Α                |              | Propert                       | ies:                     |                | С        |
| 3  | Rents received                        | I      |   |           |                 |               |                             | 3        |            |                  | 10.          | D                             |                          |                | C        |
| 4  | Royalties recei                       |        |   |           |                 |               |                             | 4        |            |                  | . 010        |                               |                          |                |          |
| Exper  |                                       | vou    |   |           |                 |               |                             | -        |            |                  |              |                               |                          |                |          |
| 5  |                                       |        |   |           |                 |               |                             | 5        |            |                  |              |                               |                          |                |          |
| 6  | Auto and trave                        |        |   |           |                 |               |                             | 6        |            |                  |              |                               |                          |                |          |
| 7  | Cleaning and r                        | •      |   |           | '               |               |                             | 7        |            | 1,3              | 50.          |                               |                          |                |          |
| 8  | Commissions                           |        |   |           |                 |               |                             | 8        |            |                  |              |                               |                          |                |          |
| 9  | Insurance                             |        |   |           |                 |               |                             | 9        |            |                  |              |                               |                          |                |          |
| 10   | Legal and othe                        | r pr   | ofess   | sional    | fees .          |               |                             | 10       |            |                  |              |                               |                          |                |          |
| 11   | Management f                          | ees    |   |           |                 |               |                             | 11       |            | 1,0              | 60.          |                               |                          |                |          |
| 12   | Mortgage inter                        |        | -   |           |                 |               |                             | 12       |            |                  |              |                               |                          |                |          |
| 13   | Other interest                        |        |   |           |                 |               |                             | 13       |            |                  |              |                               |                          |                |          |
| 14   | Repairs                               |        |   |           |                 |               |                             | 14       |            |                  | 20.          |                               |                          |                |          |
| 15   |                                       |        |   |           |                 |               |                             | 15       |            | 3,1              | 20.          |                               |                          |                |          |
| 16   | Taxes                                 |        |   |           |                 |               |                             | 16       |            | 2                | 0.0          |                               |                          |                |          |
| 17   | Utilities<br>Depreciation e           |        |   |           |                 |               |                             | 17       |            | 3,4              | 20.          |                               |                          |                |          |
| 18<br>19   | Other (list)                          | •      |   |           |                 |               |                             | 18<br>19 |            |                  |              |                               |                          |                |          |
| 20   | Total expenses                        |        | dd lin  | os 5 t    | brough          | 10            |                             | 20       |            | 12,2             | 70           |                               |                          |                |          |
| 20   | Subtract line 2                       |        |   |           |                 |               |                             | 20       |            | 12,2             |              |                               |                          |                |          |
| 21   | result is a (loss                     |        |   |           |                 |               |                             |          |            |                  |              |                               |                          |                |          |
|  | file <b>Form 6198</b>                 |        |   |           |                 |               |                             | 21       |            | -11,7            | 60.          |                               |                          |                |          |
| 22   | Deductible ren<br>on <b>Form 8582</b> | tal ı  | real e  | estate    | loss aft        | er limitat    | ion, if any,                | 22       | ( _        | 11,70            | 50 \         | (                             | )                        | (              | ,        |
| 23a  | Total of all amo                      | •      |   |           | ,               |               |                             |          |            | <u> </u>         | <b>23a</b>   | 1                             | 510.                     |                |          |
| 23a<br>b   | Total of all amo                      |        |   |           |                 |               |                             |          |            |                  | 23b          |                               | 210.                     |                |          |
| c  | Total of all amo                      |        |   |           |                 |               |                             |          |            |                  | 23c          |                               |                          |                |          |
| d  | Total of all amo                      |        |   |           |                 |               |                             |          |            |                  | 23d          |                               |                          |                |          |
| e  | Total of all amo                      |        |   |           |                 |               |                             |          |            |                  | 23e          | 12                            | 2,270.                   |                |          |
| 24   | Income Add                            |        |   |           |                 |               |                             |          | ide anv lo | 29220            | L            |                               | 24                       |                |          |

**Supplemental Income and Loss** 

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

SCHEDULE E

(Form 1040)

| 24 | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses   |
|----|--|
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  |
| 26 | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on |
|    | Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .   |

25

26

11,760.

-11,760.

OMB No. 1545-0074

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