## 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

Submis	ission Identification Number (SID)		-		
Taxpaye	er's name	Social securi	ty numl	per	
AART	THIKA REDDY KARUMUDI	278-73	-251	5	
Spouse's	's name	Spouse's soo	ial sec	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 202	 2 (Enter year you a	re au	thorizing	.)
	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	Adjusted gross income		1	128	3,421.
2	Total tax		2	21	,549.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	24	1,319.
4	Amount you want refunded to you		4	2	2,770.
_	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you go	et and keep a cop	y of y	our retu	ırn)
return (of to send for any Agent to payment authorize payment business taxes to personal	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Processing or amended) I am now authorizing. I consent to allow my intermediate service provided my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I author to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution acon to finy federal taxes owed on this return and/or a payment of estimated tax, and the financial zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to nt, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancelles days prior to the payment (settlement) date. I also authorize the financial institutions involve to receive confidential information necessary to answer inquiries and resolve issues related all identification number (PIN) below is my signature for the income tax return (original or ame	er, transmitter, or electron for rejection of the trize the U.S. Treasury a count indicated in the treatment of the treminate the authorization requests must be red in the processing of I to the payment. I fur	onic reransmind its of ax preperently entry ation. The receipt of the elather acceipt on th	turn origina ssion, (b) the designated paration so to this accor- To revoke ved no lat ectronic parakinowledge	ator (ERO) he reason I Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	nic Funds Withdrawal Consent.				
	ayer's PIN: check one box only	3	2 !	5   1   5	
X	I authorize GLOBAL TAXES LLC to enter or g	⊑n	ter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner F below.				
Your si	signature ► E	Date ►			
Snous	se's PIN: check one box only				
	_	enerate my PIN			as my
	ERO firm name		ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner F below.				
Spouse	se's signature ▶ □	Date ▶			
	Practitioner PIN Method Returns Only—continue	e below			
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't ent	6 6 er all ze	-	3 9
authoriz	y that the above numeric entry is my PIN, which is my signature for the electronic individual ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I ements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Prov	am submitting this retu	urn in a	accordance	
ERO's	s signature ►	Date ▶			
	ERO Must Retain This Form — See Instruct				
	Don't Submit This Form to the IRS Unless Request	ed To Do So			

# Department of the Treasury—Internal Revenue Service U.S. Nonresident Alien Income Tax Return

2022

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jar	n. 1–D	ec. 31, 2022, or other tax year begin	ning	, 2022,	ending		, 20	)		e separate structions.
Filing Status		Single Married filing ser	• •	,	ng surviving spou	` '		Esta		☐ Trust
Check only one box.		you checked the QSS box, enter the c	niid s nan	ne if the qualifying persor	is a child but no	your de	penae			
Your first name	and r	middle initial	Last na	ame				<b>/our ide</b> see instr		<b>g number</b> s)
AARTHIKA	RED	DDY	KARU	MUDI				278-7	73-2	515
Home address	(numb	oer and street). If you have a P.O. bo	x, see ins	structions.						Apt. no.
3411 GATE	S C	T								1
City, town, or p	ost of	ffice. If you have a foreign address, a	also comp	olete spaces below.		State	•	7	ZIP cod	ek
MORRIS PL	AIN	S				NJ		(	795	0
Foreign country	nam	е	Foreig	n province/state/county		Forei	ign po	stal cod	е	
Digital Assets		ny time during 2022, did you: (a) recervise dispose of a digital asset (or a						b) sell, e		ge, gift, or Yes 🔀 No
Dependents						(4	) Check	k the box	if qualifi	es for (see inst.):
(see instructions):		(A) F: 1		(2) Dependent's	(6) D		Child ta			redit for other
	-	(1) First name Last name	9	identifying number	(3) Relationship t	o you				dependents
If more than four										
dependents, see							- 1			
instructions and check here										
	4.	Table and the section (s) W(O) be		`\			l		<u> </u>	120 421
Income	1a	Total amount from Form(s) W-2, bo	`	,				1a	-	128,421.
Effectively	b	Household employee wages not re	•	( )				1b		
Connected	C	Tip income not reported on line 1a	`	,				1c		
With U.S.	d	Medicaid waiver payments not rep		` '	,			1d		
Trade or	e	Taxable dependent care benefits fr		•				1e		
Business	f	Employer-provided adoption benef		·				1f		
Attach	g	Wages from Form 8919, line 6. Other earned income (see instruction						1g 1h		
Form(s) W-2,	h :	Reserved for future use	,					1111		
1042-S, SSA-1042-S,	i	Reserved for future use						1j		
RRB-1042-S,	j	Total income exempt by a treaty from			1 1			٠,		
and 8288-A	k	line 1(e)		,,,	1k					
here. Also attach	z	Add lines 1a through 1h			<u>IK</u>			1z	1	128,421.
Form(s)	2a		 2a ∣	1	able interest			2b	_	20,121.
1099-R if	2a 3a	· —	Ba		linary dividends			3b		
tax was withheld.	4a		la		able amount .			4b		
If you did not	5a		5a		able amount .			5b		
get a Form	6							6		
W-2, see instructions.	7	Reserved for future use								
instructions.	8	Other income from Schedule 1 (For	•	, ,				8		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and						9		128,421.
	10	Adjustments to income:		, ,						120,121.
	а	From Schedule 1 (Form 1040), line	26		10a					
	b	Reserved for future use								
	С	Reserved for future use								
	d	Enter the amount from line 10a. Th						10d		
	11	Subtract line 10d from line 9. This i	,	•				11		128,421.
	12	Itemized deductions (from Sched deduction (see instructions)	lule A (Fo	orm 1040-NR)) or, for cer	tain residents of		ındard		-	12,950.
	13a	Qualified business income deductions			1 1	.our .our that	~.11 cujoj	14		14,950.
	b	Exemptions for estates and trusts								
	C	Add lines 13a and 13b						13c		
	14							14		12,950.
	15	Subtract line 14 from line 11. If zero						15		<u> 12,950.</u> 115 471

Tax and	16	Tax (see instructions). Check if any	from For	rm(s): <b>1</b> $\square$ 88	<b>1</b> 4 <b>2</b> 49	72 <b>3</b>			16	21,549.
Credits	17	Amount from Schedule 2 (Form 1)	040), line	3					17	0.
	18	Add lines 16 and 17							18	21,549.
	19	Child tax credit or credit for other	depende	ents from Sched	ule 8812 (Form 10	040) .			19	
	20	Amount from Schedule 3 (Form 1)	040), line	8					20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18. If ze	ro or less	s, enter -0					22	21,549.
	23a	Tax on income not effectively con Schedule NEC (Form 1040-NR), lin				23a				
	b	Other taxes, including self-emplor line 21	•	•	,	23b				
	С	Transportation tax (see instruction	ns)			23c				
	d	Add lines 23a through 23c							23d	
	24	Add lines 22 and 23d. This is your	total ta	x					24	21,549.
Payments	25	Federal income tax withheld from	:							
	а	Form(s) W-2				25a	24	1,319.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions) .				25c				
	d	Add lines 25a through 25c							25d	24,319.
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2022 estimated tax payments and							26	
	27	Reserved for future use				27				
	28	Additional child tax credit from So	hedule 8	8812 (Form 1040)		28				
	29	Credit for amount paid with Form				29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3 (Form 1)	040), line	15		31				
	32	Add lines 28, 29, and 31. These a							32	
	33	Add lines 25d, 25e, 25f, 25g, 26, a							33	24,319.
Refund	34	If line 33 is more than line 24, sub				-	-		34 35a	2,770.
	35a									2,770.
Direct deposit? See instructions.	b	Routing number 0 1 1 0				Checki	ng L	Savings		
see mstructions.	d	Account number 4 6 6 0 0 7 4 4 4 7 4 0								
	е	If you want your refund check ma						. •		
		enter it here.							-	
	36	Amount of line 34 you want applie			ed tax	36				
Amount	37	Subtract line 33 from line 24. This		-	aaa inatuustiss				_	
You Owe		For details on how to pay, go to w				1 1			37	
	38	Estimated tax penalty (see instruc				38				<b>□</b>
Third	•	u want to allow another person to	discuss t		e IRS? See instru	uctions.		es. Compl		ow. 🗵 No
Party Designee	Desig			Phone				nal identifi or (DIN)	cation	
Designee		penalties of perjury, I declare that I have they are true, correct, and complete. De	examine	d this return and ac			statements			
Sign		signature								ent you an Identity
Here	Tours	signature		Date Your occupation				I		PIN, enter it here
1010					ENGINEER				inst.)	
	Phone	e no.		Email address				'		
Paid	Prepa	rer's name	Preparer <sup>3</sup>	's signature		Date		PTIN		Check if:
Preparer			SYAM PR	IYA RAM SAGAF	GUPTA TALLAM	03/0	7/2023	P02082	2703	Self-employed
-	Firm's	name SYAMIL PREVAIL RAM ASKILAS GI	TALL.	AM				Phone n	o. (6'	78)965-9522
Use Only	Firm's	address 245 DOOMEV C	ים קי	OTTNICIMITATE AT	T 00016			Firm's F	N D	4-3171965

Form 1040-NR (2022)

#### **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

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

2022
Attachment Sequence No. <b>7B</b>

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number AARTHIKA REDDY KARUMUDI 278-73-2515 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income		(a) 10% (b) 15	(b) 150/	(a) 200/	(d) Other	er (specify)	
	Nature of income		(a) 10% (b) 15%		(c) 30%	%	%
1	Dividends and dividend equivalents:						
а	Dividends paid by U.S. corporations	1a					
b	Dividends paid by foreign corporations	1b					
С	Dividend equivalent payments received with respect to section 871(m) transactions	1c					
2	Interest:						
а	Mortgage	2a					
b	Paid by foreign corporations						
С	Other	2c					
3	Industrial royalties (patents, trademarks, etc.)	3					
4	Motion picture or TV copyright royalties	4					
5	Other royalties (copyrights, recording, publishing, etc.)	5					
6	Real property income and natural resources royalties	6					
7	Pensions and annuities	7					
8	Social security benefits	8					
9	Capital gain from line 18 below	9					
10	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0						
•	AAR						
a b	Winnings Losses	10c					
11	Losses	100					
•••	Note: Losses not allowed	11					
12	Other (specify):						
		12					
13	Add lines 1a through 12 in columns (a) through (d)	13					
14	Multiply line 13 by rate of tax at top of each column	14					
15	Tax on income not effectively connected with a U.S. trade or business. Add column					-NR, line 23a <b>15</b>	
	Capital Gains and Losses	From	Sales or Excha	nges of Proper	ty		
losses f	nly the capital gains and from property sales or ges that are from sources he United States and not		(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).
	ely connected with a U.S. ss. Do not include a gain						
or loss	on disposing of a U.S. real						
gains a	y interest; report these nd losses on Schedule D						
(Form 1	, and the second						
exchan	property sales or ges that are effectively						
	797, or both. 18 Capital gain. Combine columns (f) and (g) of line 1	7. Ente	er the net gain here	e and on line 9 abo	ove. If a loss, ente	r -0 <b>18</b>	

## SCHEDULE OI (Form 1040-NR)

**Other Information** 

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

Attach to Form 1040-NR.

Answer all questions.

OMB No. 1545-0074

2022

Attachment Sequence No. 7C

Department of the Treasury Internal Revenue Service

Name sl	hown on Form 1040-NR				Your identifying	number					
AART	THIKA REDDY KARUMUDI				278-73-2	515					
Α	Of what country or countries w	vere you a citizen or nationa	al 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										
D	Were you ever:										
1.	A U.S. citizen?		☐ Yes	⊠ No							
2.	A green card holder (lawful per		☐ Yes	⊠ No							
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.										
E	If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax yearF1										
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?										
G	List all dates you entered and	eft the United States durin	g 2022. See instr	ructions.							
	Note: If you're a resident of C				ient intervals,						
	check the box for Canada or	Mexico and skip to item I	<u>1 .</u>	$\square$ Canada	Mexico						
	Date entered United States	Date departed United State	es	Date entered United State		arted Unite	d States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy	r	mm/dd/yy					
Н	Give number of days (including										
	2020	, 2021	, ar	nd 2022365	·	$\nabla \mathbf{v}$	□				
ı	Did you file a U.S. income tax					X Yes	□ No				
	If "Yes," give the latest year ar Are you filing a return for a trus	ia iomi number you illea. <sub></sub>				Yes	⊠ No				
J						res	△ NO				
	If "Yes," did the trust have a U.S. person, or receive a contr					Yes	□No				
K	Did you receive total compens	·				☐ Yes	⊠ No				
K	If "Yes," did you use an alterna					Yes	□ No				
L	Income Exempt From Tax—If			·							
	complete (1) through (3) below	. See Pub. 901 for more inf	formation on tax	treaties.	•						
1.	Enter the name of the country, amount of exempt income in the				claimed the tre	eaty benef	t, and the				
	<b>(a)</b> Cou	ntry	(b) Tax treaty ar								
				claimed in prior tax ye	ars income i	II Current to					
	(e) Total. Enter this amount or	n Form 1040-NR, line 1k. D	o not enter it anv	/where else on line 1							
2.	Were you subject to tax in a fo		-			Yes	☐ No				
	Are you claiming treaty benefit	-				☐ Yes	⊠ No				
	If "Yes," attach a copy of the C	•	•								
M	Check the applicable box if:	-									
1.	This is the first year you are may with a U.S. trade or business u			property located in the Unit			onnected				
2.	You have made an election in States as effectively connected	a previous year that has	not been revoke								
	<u>-</u>										