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 | ver's name | Social secu | Social security number | | | | | | | |
|--------|--|---|------------------------|-------------|--|--|--|--|--|--|
| MAM | IATHA MASETTI | 861-72-5098 Spouse's social security number | | | | | | | | |
| Spouse | s's name | | | | | | | | | |
| Par | t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter | r 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 | 19,536. | | | | | | |
| 2 | Total tax | | | 658. | | | | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 2,142. | | | | | | |
| 4 | Amount you want refunded to you | | 4 | 1,484. | | | | | | |
| 5 | Amount you owe | | 5 | · · · | | | | | | |
| Dar | Taxpayer Declaration and Signature Authorization (Be sure you get and | koon a co | ny of y | our roturn) | | | | | | |

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part I

Under penalties of perjury, 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

| X | I authorize | GLOBAL | TAXES | LLC | to enter or generate my PIN | |
|---|-------------|--------|-------|-----|-----------------------------|--|
| X | l authorize | GLOBAL | TAXES | LLC | to enter or generate my PIN | |

| | 2 | 5 | 0 | 9 | 8 | as | | | | | | |
|---|---|---|---|---|---|----|--|--|--|--|--|--|
| Enter five digits, but don't enter all zeros | | | | | | | | | | | | |

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 o | 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. | 5 | 1 | | | | | 3 1 | | 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 Retair Don't Submit This Form | n This Form — See to the IRS Unless | | |
| For Paperwork Reduction Act Notice, see your tax return instr | uctions. BAA | REV 03/16/23 PRO | Form 8879 (Rev. 01-2021) |

| 1040 |)-[| Department of the Treasury-Inter U.S. Nonresident A | ernal Rever lien In | nue Service come Tax Returi | n 20 22 | OMB No. 15 | 45-0074 | IRS Use or sta | Only—Do not write aple in this space. | | | |
|--|------------------------------|--|-------------------------------|---------------------------------------|---|--------------|-------------------|-----------------------------------|--|--|--|--|
| | | Dec. 31, 2022, or other tax year begin | | | | | | S | See separate | | | |
| Filing Status Check only one box. | | Single Arried filing set Single Arried filing set Source of the QSS box, enter the c | | , | ng surviving spouse n is a child but not | · · · | | state | Trust | | | |
| Your first name | and | middle initial | Last na | ame | | | | | ing number | | | |
| | | | | | | | | structio | | | | |
| MAMATHA | (num | ber and street). If you have a P.O. bo | MASE | | | | 861 | -72-! | 5098 Apt. no. | | | |
| 10302 CON | | | ix, see ins | aructions. | 1 | H2 | | | Αρι. πο. | | | |
| | - | ffice. If you have a foreign address, a | also comp | lete spaces below. | 1 | State | | ZIP c | ode | | | |
| OVERLAND | | | | | | KS | | 662 | | | | |
| Foreign country | | | Foreig | n province/state/county | | Foreign p | oostal c | | | | | |
| Digital Assots | At a | ny time during 2022, did you: (a) rec | | reward award or paym | ent for property or | services): o | (b) sell | ovcha | nge gift or | | | |
| Digital Assets | othe | erwise dispose of a digital asset (or a | financial | interest in a digital asset |)? (See instructions | | (D) Sell | | Yes X No | | | |
| Dependents | ; | | | | | (4) Che | eck the b | ox if qua | lifies for (see inst.): | | | |
| (see instructions) | : | (1) First name Last name | 2 | (2) Dependent's identifying number | (3) Relationship to | Chil | d tax cre | redit Credit for other dependents | | | | |
| | | (i) Histinano Easthann | <i>.</i> | | | you | | | | | | |
| If more than four | | | | | | | $\overline{\Box}$ | | | | | |
| dependents, see instructions and | ; | | | | | | | | | | | |
| check here | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, bo | ox 1 (see i | nstructions) | | | . 1a | 1 | 19,536. | | | |
| Effectively | b | Household employee wages not re | ported or | n Form(s) W-2... | | | . 11 |) | | | | |
| Connected | С | Tip income not reported on line 1a | | | | | . 10 | ; | | | | |
| With U.S. | d | Medicaid waiver payments not rep | | | | | . 10 | 1 | | | | |
| Trade or | е | Taxable dependent care benefits fi | | | | | . 10 | | | | | |
| Business | f | Employer-provided adoption benef | | | | | | - | | | | |
| Attach | g | Wages from Form 8919, line 6 . Other earned income (see instructi | | | | | | | | | | |
| Form(s) W-2, | h i | Reserved for future use | . 11 | 1 | | | | | | | | |
| 1042-S, SSA-1042-S, | i | Reserved for future use | . 1 | i | | | | | | | | |
| RRB-1042-S, | , k | Total income exempt by a treaty fro | | | | | | | | | | |
| and 8288-A here. Also | | line 1(e) | | | | | | | | | | |
| attach | z | Add lines 1a through 1h | | | | | . 1: | 2 | 19,536. | | | |
| Form(s) 1099-R if | 2a | Tax-exempt interest | 2a | b Tax | able interest | | . 21 |) | | | | |
| tax was | 3a | Qualified dividends | Ba | | linary dividends . | | |) | | | | |
| withheld. | 4a | | la | | able amount | | | - | | | | |
| If you did not get a Form | 5a | | 5a | | able amount | | | | | | | |
| W-2, see | 6 7 | Reserved for future use Capital gain or (loss). Attach Sched | | | | | . 6 | _ | | | | |
| instructions. | 7 8 | Other income from Schedule 1 (Fo | | , , | • | | | _ | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and | | | | | | _ | 19,536. | | | |
| | 10 | Adjustments to income: | | | | | | | , <u>,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | а | From Schedule 1 (Form 1040), line | 26 | | 10a | | | | | | | |
| | b | Reserved for future use | | | | | | | | | | |
| | с | Reserved for future use | | | 10c | | | | | | | |
| | d | Enter the amount from line 10a. Th | | - | | | | d | | | | |
| | 11 | Subtract line 10d from line 9. This i | - | | | | | | 19,536. | | | |
| | 12 | rd aty 12 | 2 | 12,950. | | | | | | | | |
| | deduction (see instructions) | | | | | | | | , | | | |
| | b | Exemptions for estates and trusts | | | | | | | | | | |
| | c Add lines 13a and 13b | | | | | | | | 13c | | | |
| | 14 | Add lines 12 and 13c | | | | | . 14 | L | 12,950. | | | |
| | 15 | Subtract line 14 from line 11. If zero | o or less, | enter -0 This is your ta | xable income | | . 1 | | 6,586. | | | |
| For Disclosure, | Priva | cy Act, and Paperwork Reduction A | ct Notice, | see separate instruction | IS. BAA | REV 03/16/23 | PRO | Form ¹ | 1040-NR (2022) | | | |

| Form 1040-NR (| 2022) | | | | | Page 2 |
|--------------------------------------|---------------|--|------------------|------------------------|---------------|-----------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 28814 2 497 | 2 3 🗌 | | 16 | 658. |
| Credits | 17 | Amount from Schedule 2 (Form 1040), line 3 | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | 18 | 658. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 (Form 10 | 40) | | 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 zero or less, enter -0 | | | 22 | 658. |
| | 23a | Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15 | 23a | | | |
| | b | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21 | 23b | | | |
| | с | Transportation tax (see instructions) | 23c | | | |
| | d | Add lines 23a through 23c | | | 23d | |
| | 24 | Add lines 22 and 23d. This is your total tax | | | 24 | 658. |
| Payments | 25 | Federal income tax withheld from: | | | | |
| 2 | а | Form(s) W-2 | 25a 2 | ,142. | | |
| | b | Form(s) 1099 | 25b | | | |
| | с | Other forms (see instructions) | 25c | | | |
| | d | Add lines 25a through 25c | | | 25d | 2,142. |
| | е | Form(s) 8805 | | | 25e | |
| | f | Form(s) 8288-A | | | 25f | |
| | g | Form(s) 1042-S | | | 25g | |
| | 26 | 2022 estimated tax payments and amount applied from 2021 return | | | 26 | |
| | 27 | Reserved for future use | 27 | | | |
| | 28 | Additional child tax credit from Schedule 8812 (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 15 | 31 | | | |
| | 32 | Add lines 28, 29, and 31. These are your total other payments and refundation | | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments . | | | 33 | 2,142. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amour | | | 34 | 1,484. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, chec | | | 35a | 1,484. |
| Direct deposit? See instructions. | b | | Checking | Savings | | |
| dee mandenona. | d | Account number 5 1 8 0 1 0 6 0 7 0 9 5 | | | | |
| | e | If you want your refund check mailed to an address outside the United State enter it here. | es not shown on | page 1, | | |
| | 36 | Amount of line 34 you want applied to your 2023 estimated tax | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24. This is the amount you owe . | | | | |
| You Owe | | For details on how to pay, go to www.irs.gov/Payments or see instructions . | | | 37 | |
| | 38 | Estimated tax penalty (see instructions) | 38 | | | |
| Third | | ou want to allow another person to discuss this return with the IRS? See instru | ctions. 🗌 Ye | s. Compl | ete below. | X No |
| Party Designee | Desig name | | Persor numbe | al identifi r (PIN) | cation | |
| | | penalties of perjury, I declare that I have examined this return and accompanying schedu they are true, correct, and complete. Declaration of preparer (other than taxpayer) is base | | | | |
| Sign | | signature Date Your occupation | | | | you an Identity |
| Here | YOUr | - | enter it here | | | |
| | Phon | | | | | |
| Paid | Prepa | arer's name Preparer's signature | Date | PTIN | Ch | eck if: |
| Preparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM | P02082 | 2703 🗌 | Self-employed | |
| Use Only | | s name GLOBAL TAXES LLC | | Phone ne | (0/0/ | 965-9522 |
| | Firm's | saddress 245 ROONEY CT E BRUNSWICK NJ 08816 | | Firm's El | | 3171965 |
| Go to www.irs. | gov/Fo | rm1040NR for instructions and the latest information. | REV 03/16/23 PR0 |) | Form | 1040-NR (2022) |

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 | |

Name shown on Form 1040-NR

Attachment Sequence No. 7B Your identifying number

6

74

861-72-5098

| Name Shown on | 101111040-1111 |
|---------------|----------------|
| МАМАТНА | MASETTI |

| | - | | | | | | | | | |
|--------------------|--|---------|--|--------------------------|---------|------------------------------------|------------------------|--------------------------------|--|--|
| Enter a | amount of income und | er the | appropriate rate of tax. See instructions. | | | | | | I | |
| | | | Nature of Income | | | (-) 100(| (1-) 150/ | (-) 200/ | (d) Other | r (specify) |
| | | | Nature of income | | | (a) 10% | (b) 15% | (c) 30% | % | % |
| 1 | Dividends and divide | nd eq | uivalents: | | | | | | | |
| а | Dividends paid by U. | S. cor | porations | | 1a | | | | | |
| b | | | corporations | | 1b | | | | | |
| с | Dividend equivalent p | aymer | its received with respect to section 871(m) | transactions | 1c | | | | | |
| 2 | Interest: | | | | | | | | | |
| а | Mortgage | | | | 2a | | | | | |
| b | | | IS | | 2b | | | | | |
| с | | | | | 2c | | | | | |
| 3 | Industrial royalties (p | atents | , trademarks, etc.) | | 3 | | | | | |
| 4 | - | | ight royalties | | 4 | | | | | |
| 5 | | | recording, publishing, etc.) | | 5 | | | | | |
| 6 | Real property incom | e and | natural resources royalties | | 6 | | | | | |
| 7 | | | | | 7 | | | | | |
| 8 | Social security benef | its . | | | 8 | | | | | |
| 9 | Capital gain from line | e 18 b | elow | | 9 | | | | | |
| 10 | Gambling-Resident | s of C | anada only. Enter net income in column (| c). | | | | | | |
| | If zero or less, ente | | | | | | | | | |
| a | Winnings | | | | 10- | | | | | |
| b | | | | | 10c | | | | | |
| 11 | Note: Losses not allo | - Resid | lents of countries other than Canada. | | 11 | | | | | |
| 12 | | | | | | | | | | |
| | | | | | 12 | | | | | |
| 13 | Add lines 1a through | 12 in | columns (a) through (d) | | 13 | | | | | |
| 14 | • | | tax at top of each column | | 14 | | | | | |
| 15 | Tax on income not e | ffectiv | ely connected with a U.S. trade or busine | ss. Add colun | nns (a) | through (d) of line 14 | 1. Enter the total her | e and on Form 104 | 0-NR, line 23a 15 | |
| | | | Capital Gains an | nd Losses I | From | Sales or Excha | inges of Proper | ty | | · |
| losses f exchan | nly the capital gains and from property sales or ges that are from sources he United States and not | 16 | (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acq mm/dd/yy | | (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. s. Do not include a gain | | | | | | | | | |
| or loss | on disposing of a U.S. real | | | | | | | | | |
| gains ai | y interest; report these nd losses on Schedule D | | | | | | | | | |
| (Form 1 | 040). | | | | | | | | | |

. . . .

. . .

Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.

| 040), | 18 | Capital | gain | . Com | bine (| columr | ns (f) and | (g) of line | e 17. I | Enter t | he net | gain l | nere a | and o | n line S | above above | . If a los | s, entei | r -0- |
|-------|----|---------|------|-------|--------|--------|------------|-------------|---------|---------|--------|--------|--------|-------|----------|-------------|------------|----------|-------|
| | | | | | | - | 4040 115 | | | | | _ | | | ~ | | | | |

.

17 Add columns (f) and (g) of line 16

.

18

. .

17 (

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

T

Other Information

OMB No. 1545-0074

| (- | | | Ulic | i mormation | | | | 40 001 4 | | |
|----------------|---|--|---|-------------------------|--------------------------------------|--|--------------------------|--------------|--|--|
| (Form 1040-NR) | | Go t | Go to www.irs.gov/Form1040NR for instructions and the latest information. | | | | 900 |)) | | |
| Departm | ent of the Treasury | | | h to Form 1040-NR. | | | Attachment | | | |
| Internal | Revenue Service | | Ans | wer all questions. | | | Sequence N | o. 7C | | |
| Name sl | nown on Form 1040 |)-NR | | | | Your identifyi | ng number | | | |
| MAMA | THA MASET | TI | | | | 861-72- | 5098 | | | |
| Α | | | vere you a citizen or nation | | | | | | | |
| В | In what country | In what country did you claim residence for tax purposes during the tax year? United States | | | | | | | | |
| С | Have you ever | ave you ever applied to be a green card holder (lawful permanent resident) of the United States? | | | | | | | | |
| D | Were you ever: | • | | | | | | | | |
| | A U.S. citizen? | | | | | | | | | |
| 2. | A green card holder (lawful permanent resident) of the United States? | | | | | | | | | |
| | • | | 2), see Pub. 519, chapter 4, | | | | | | | |
| Е | If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. immigration status on the last day of the tax year. <u>F1</u> | | | | | | | | | |
| F | Have you ever If you answered | r changed your visa type (nonimmigrant status) or U.S. immigration status? | | | | | | | | |
| G | List all dates yo | ou entered and | left the United States durin | g 2022. See instructio | ons. | | | | | |
| | | | Canada or Mexico AND cor r Mexico and skip to item H | | | ent intervals | | | | |
| | | United States dd/yy | Date departed United Stat mm/dd/yy | es Da | ate entered United State mm/dd/yy | B Date de | parted Unite mm/dd/yy | d States | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| н | | er of days (including vacation, nonworkdays, and partial days) you were present in the United States during: | | | | | | | | |
| | 2020 | | , 2021 | , and 20 | 22 365 | · · · | | | | |
| I | Did you file a U | a U.S. income tax return for any prior year? | | | | | | | | |
| J | Are you filing a | return for a tru | st? | | | | Yes | X No | | |
| J | , , | | | | | | | | | |
| | | | U.S. or foreign owner unde ribution from a U.S. person | | | | | No | | |
| к | - | | sation of \$250,000 or more | | | | | X No | | |
| IX. | - | - | ative method to determine | | | | | | | |
| L | Income Exemp | t From Tax-If | f you are claiming exempt . See Pub. 901 for more in | ion from income tax | under a U.S. income | | | | | |
| 4 | • • • • • | 0 () | | | | claimed the | treaty benefi | t and the | | |
| | Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and t 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 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | $\overline{(\cdot)} = \cdot \cdot \cdot =$ | | | | | | | | | |
| • | | | n Form 1040-NR, line 1k. D | - | | | | — •• | | |
| | • • | | preign country on any of the | | | | | No No | | |
| 3. | | • • | ts pursuant to a Competent | • | | | Ves | 🗙 No | | |
| | ii res, attach | a copy of the C | Competent Authority deterr | mination letter to your | return. | | | | | |

Μ Check the applicable box if:

1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected

2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions

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

REV 03/16/23 PRO Schedule OI (Form 1040-NR) 2022