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

| Submi | ission Identification Number (SID) | | | - | | | |
|--|---|---|--|--|--|--|---|
| Taxpaye | er's name | Social se | Social security number | | | | |
| SUPI | RIYA GADDAM | | 799- | 91-17 | 50 | | |
| Spouse' | 's name | | Spouse's | s social se | curity r | number | |
| Part | Tax Return Information — Tax Year Ending December 31, 2022 | Enter | year yo | ou are a | uthor | izing.) | |
| | 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 | | 2, | 650. |
| 2 | Total tax | | | . 2 | | | 0. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | . 3 | | | |
| 4 | Amount you want refunded to you | | | . 4 | | | |
| 5 | Amount you owe | | | . 5 | - 1 | | 0. |
| Part | II Taxpayer Declaration and Signature Authorization (Be sure you ge | et and k | eep a | copy of | your | retur | n) |
| return (to send for any Agent t paymen authori paymen busines taxes t person | owledge and belief, it is true, correct, and complete. I further declare that the amounts in Pa (original 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 account of my 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 cancellased 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 amendation). | r, transmit on for rejective the U.S count indiction I institution terminate ation required in the pattern to the pattern. | ter, or election of the control of the cated in the cated in the authors or control of the cated in the cated | ectronic in the transmury and its the tax protection to the entropy of the interest of the int | return on ission of the control of t | originatori, (b) the properties of the propertie | or (ERO) e reason in reason in ancial ware for unt. This ancel) a remain that the |
| | nic Funds Withdrawal Consent. | | | | | | |
| - | ayer's PIN: check one box only | | DINI | 1 1 | 7 5 | 0 | |
| × | I authorize GLOBAL TAXES LLC to enter or go | enerate n | ny PIN | Enter fiv | | | as my |
| | signature on the income tax return (original or amended) I am now authorizing. | | | don't er | iter all z | zeros | |
| | I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner P below. | | | | | | |
| Your s | signature ▶ D | ate 🕨 _ | | | | | |
| Spous | se's PIN: check one box only | | | | | | |
| | I authorize to enter or ge | enerate n | ov PIN | | | | as my |
| | ERO firm name | criciate ii | 1 1 1 1 V | Enter fiv | /e diaits | s. but | as my |
| | signature on the income tax return (original or amended) I am now authorizing. | | | don't er | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner P below. | | | | | | |
| Spous | se's signature ▶ D | ate > | | | | | |
| | Practitioner PIN Method Returns Only—continue | below | | | | | |
| Part | 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 6 | 6 1 | 9 8 | 9 |
| | | | Don' | t enter all | zeros | | |
| authori | y that the above numeric entry is my PIN, which is my signature for the electronic individual i ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I aments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provi | am submi [.] | tting this | return ir | accor | rdance | |
| ERO's | s signature ► D | ate > | | | | | |
| | ERO Must Retain This Form — See Instruct | | | | | | |
| | Don't Submit This Form to the IRS Unless Requeste | | o 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 Ja | an. 1–[| Dec. 31, 2022, or other tax year begi | nning | , 2022, | ending | , | 20 | See separat instructions | |
|------------------------------------|------------|--|--------------|--|---------------------|---------|---------------|-------------------------------|---------|
| Filing Status | | Single Married filing se | | , | ng surviving spouse | ` ' | ☐ Est | tate | ıst |
| Check only one box. | | | | | · | | | | |
| Your first name | e and | middle initial | Last na | ame | | | | entifying numbe tructions) | er |
| SUPRIYA | | | GADD | AM | | | 799- | 91-1750 | |
| Home address | (num | ber and street). If you have a P.O. b | ox, see ins | structions. | | | | Apt. no. | |
| 1528 3RD | STR | EET | | | A | | | | |
| City, town, or I | post o | ffice. If you have a foreign address, | also comp | lete spaces below. | | State | | ZIP code | |
| CHARLEST | ON | | | | | IL | | 61920 | |
| Foreign countr | y nam | e | Foreign | n province/state/county | | Foreign | postal co | de | |
| Digital Asset | | ny time during 2022, did you: (a) recervise dispose of a digital asset (or | | | | | | | r No |
| Dependent | s | | | | | (4) Ch | eck the box | c if qualifies for (see | inst.) |
| (see instructions | | (1) First name Last nam | ne | (2) Dependent's identifying number (3) Relationship to | | | ild tax credi | Credit for oth dependent | |
| If we are the section. | | | | | | | | | |
| If more than fou dependents, se | | | | | | | | \perp | |
| instructions and | | | | | | | | | |
| check here | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see i | nstructions) | | | . 1a | 2,65 | 50. |
| Effectively | b | Household employee wages not r | eported or | n Form(s) W-2 | | | . 1b | | |
| Connected | С | Tip income not reported on line 1a | a (see instr | ructions) | | | . 1c | | |
| With U.S. | d | Medicaid waiver payments not rep | | ` ' ' | , | | | | |
| Trade or | е | Taxable dependent care benefits | from Form | 2441, line 26 | | | . 1e | | |
| Business | f | Employer-provided adoption bene | | · | | | | | |
| Attach | g | Wages from Form 8919, line 6 . | | | | | . 1g | | |
| Form(s) W-2, | h | Other earned income (see instruct | ions) . | | | | . 1h | | |
| 1042-S, | i | Reserved for future use | | 4 | | | | | |
| SSA-1042-S, RRB-1042-S, | j | Reserved for future use | | | 1 1 | | . 1j | | |
| and 8288-A | k | Total income exempt by a treaty fi | | | | | | | |
| here. Also | | line 1(e) | | | 1k | | | 4 | |
| attach | Z | Add lines 1a through 1h | | | | | . 1z | 2,65 | 0. |
| Form(s) 1099-R if | 2 a | • | 2a | b Tax | cable interest | | . 2b | | |
| tax was | 3a | Qualified dividends | 3a | b Ord | dinary dividends . | | . 3b | | |
| withheld. | 4a | _ | 4a | b Tax | cable amount | | . 4b | | |
| If you did not | 5a | | 5a | | able amount | | | | |
| get a Form W-2, see | 6 | Reserved for future use | | | | | | | |
| instructions. | 7 | Capital gain or (loss). Attach Sche | | | | | | | |
| | 8 | Other income from Schedule 1 (Fo | | | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, an | . 9 | 2,65 | 50. | | | | |
| | 10 | Adjustments to income: | | | 10a | | | 1 | |
| | а | From Schedule 1 (Form 1040), line | _ | | | | | | |
| | b | Reserved for future use | | 1 | | | | | |
| | С | Reserved for future use | | 4 | | | | | |
| | d | Enter the amount from line 10a. The | | | | | | | |
| | 11 | Subtract line 10d from line 9. This | - | | | | | 2,65 | 50. |
| | 12 | Itemized deductions (from Sche deduction (see instructions) | ard eaty 12 | 12,95 | 50. | | | | |
| | 13a | Qualified business income deduct | | | | | | , | |
| | b | Exemptions for estates and trusts | | | | | | 1 | |
| | С | Add lines 13a and 13b | - | | | | . 13c | | |
| | 14 | Add lines 12 and 13c | | | | | | 12,95 | 50. |
| | 15 | Subtract line 14 from line 11. If ze | ro or less. | enter -0 This is your ta | xable income | | | | 0. |

| Tax and | 16 | Tax (see instructions). Check if an | y from For | rm(s): 1 | 314 2 🗌 497 | 2 3 | ₃ 🗆 | | 16 | 0. |
|-------------------|---|---|-------------|--------------------------|---|----------|----------|----------|---------|---------------------|
| Credits | 17 | Amount from Schedule 2 (Form | 1040), line | 3 | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 0. |
| | 19 | Child tax credit or credit for other | r depende | ents from Sched | ule 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 z | ero or less | s, enter -0 | | | | | 22 | 0. |
| | 23a | Tax on income not effectively co Schedule NEC (Form 1040-NR), | nnected w | rith a U.S. trade | or business from | 1 1 | | | | |
| | b | Other taxes, including self-emploine 21 | • | - | , | 23b | | | | |
| | • | Transportation tax (see instruction | | | | 23c | | | | |
| | C C | ' ' | , | | | | | | 224 | |
| | d | Add lines 23a through 23c | | | | | | | 23d | |
| <u> </u> | 24 | Add lines 22 and 23d. This is you | | x | | | | | 24 | 0. |
| Payments | 25 | Federal income tax withheld from | | | | 05. | | | | |
| | a | Form(s) W-2 | | | | 25a | | | | |
| | b | Form(s) 1099 | | | | 25b | | | - | |
| | C | Other forms (see instructions) . | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | |
| | е | Form(s) 8805 | | | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | | 25g | |
| | 26 | 2022 estimated tax payments ar | | | | | | | 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 Forn | n 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 | 32 | | | | | | | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, | and 32. T | hese are your t o | otal payments . | | | | 33 | |
| Refund | 34 | If line 33 is more than line 24, su | btract line | 24 from line 33. | This is the amoun | it you o | overpaid | | 34 | |
| | 35a | Amount of line 34 you want refu | nded to y | ou. If Form 8888 | is attached, chec | k here | | | 35a | |
| Direct deposit? | b | | | | | | | | | |
| See instructions. | d | Account number X X X X | XX | X X X X | X X X X X | ХХ | Χ | | | |
| | е | If you want your refund check menter it here. | | | | | | | | |
| | 36 | Amount of line 34 you want app | ied to yo | ur 2023 estimat | ed tax | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24. Thi | s is the ar | mount you owe | | | | | | |
| You Owe | | For details on how to pay, go to | www.irs.g | ov/Payments or | see instructions . | | | | 37 | 0. |
| | 38 | Estimated tax penalty (see instru | ctions) . | | | 38 | | | | |
| Third | Do yo | u want to allow another person to | discuss t | his return with th | ne IRS? See instru | ctions. | | s. Compl | ete bel | ow. 🛛 No |
| Party | Desig | esignee's Phone Personal ident | | | | | | | | |
| Designee | name | 3.00 | | | | | | | | |
| | | penalties of perjury, I declare that I hat they are true, correct, and complete. D | | | | | | | | |
| Sign | Your signature | | | Date | Your occupation | | | | | ent you an Identity |
| Here | | | | | | | | I | | PIN, enter it here |
| | | | | | STUDENT | | | (see | inst.) | |
| | Phone | | | Email address | | | | | | |
| Paid | Prepa | rer's name | Preparer | 's signature | | Date | | PTIN | | Check if: |
| Preparer | | | SYAM PR | RIYA RAM SAGAI | R GUPTA TALLAM | 02/2 | 2/2023 | P02082 | 2703 | Self-employed |
| Use Only | Firm's name SYAMILTRAMIANALTRAMI | | | | | | | Phone n | o. (6' | 78)965-9522 |
| Use Offig | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | | | | N 8 | 4-3171965 |

Form 1040-NR (2022)

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

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

2022

Attachment
Sequence No. 7B

Name shown on Form 1040-NR SUPRIYA GADDAM

Your identifying number 799-91-1750

| Enter a | amount of income und | er the | appropriate rate of tax. See instructions. | | | | | | | |
|----------|---|--------|---|--------------------------|-----|-----------------------------|-------------------------|-------------------------|---|---|
| | | | Nature of Income | | | (a) 10% (b) 15% | | (c) 30% | (d) Other | (specify) |
| | | | Nature of income | | | (a) 1070 | (b) 1070 | (6) 0070 | % | % |
| 1 | Dividends and divide | end ed | quivalents: | | | | | | | |
| а | Dividends paid by U | .S. co | rporations | | 1a | | | | | |
| b | Dividends paid by fo | reign | corporations | | 1b | | | | | |
| С | Dividend equivalent p | ayme | nts received with respect to section 871(m) tr | ransactions | 1c | | | | | |
| 2 | Interest: | | | | | | | | | |
| а | Mortgage | | | | 2a | | | | | |
| b | Paid by foreign corp | oratio | ns | | 2b | | | | | |
| С | Other | | | | 2c | | | | | |
| 3 | Industrial royalties (p | atent | s, trademarks, etc.) | | 3 | | | | | |
| 4 | Motion picture or TV | сору | right royalties | | 4 | | | | | |
| 5 | Other royalties (copy | rights | s, recording, publishing, etc.) | | 5 | | | | | |
| 6 | Real property incom | e and | natural resources royalties | | 6 | | | | | |
| 7 | Pensions and annuit | ies . | | | 7 | | | | | |
| 8 | Social security bene- | fits . | | | 8 | | | | | |
| 9 | Capital gain from line | e 18 b | pelow | | 9 | | | | | |
| 10 | If zero or less, ente | r -0 | |). | | | | | | |
| а | Winnings | | | | | | | | | |
| b | Losses | | | | 10c | | | | | |
| 11 | Gambling winnings – | -Resi | dents of countries other than Canada. | | 11 | | | | | |
| 12 | | | | | | | | | | |
| 12 | | | | | 12 | | | | | |
| 13 | | | columns (a) through (d) | | 13 | | | | | |
| 14 | _ | | f tax at top of each column | | 14 | | | | | |
| 15 | | | vely connected with a U.S. trade or business | | | through (d) of line 1 | 4. Enter the total here | e and on Form 1040 | -NR, line 23a 15 | |
| | | | Capital Gains and | | | | | | , = = = = 10 | I |
| Enter o | nly the capital gains and | 16 | (a) Kind of property and description | | | | | | (f) LOSS | (g) GAIN |
| losses t | from property sales or ges that are from sources he United States and not | | (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 | If (e) is more than (d), subtract (d) from (e). | If (d) is more than (e), subtract (e) from (d). |
| effectiv | ely connected with a U.S. | | | | | | | | | |
| or loss | ss. Do not include a gain on disposing of a U.S. real | | | | | | | | | |
| | y interest; report these nd losses on Schedule D | | | | | | | | | |
| (Form 1 | | | | | | | | | | |
| Report | property sales or ges that are effectively | | | | | | | | | |
| connec | ted with a U.S. business | 17 | Add columns (f) and (g) of line 16 | | | | | 17 | () | |
| | edule D (Form 1040), 797. or both. | | Capital gain. Combine columns (f) and (| | | | | | er -0 18 | |

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.

2022 Attachment Sequence No. 7C

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

| Name s | nown on Form 1040-NR | | | | Your identifying | number | | | | | |
|--------|--|------------------------------|----------------------|----------------------------|------------------|--------------|------------|--|--|--|--|
| SUPF | RIYA GADDAM | | | | 799-91-17 | 799-91-1750 | | | | | |
| Α | Of what country or countries were you a citizen or national during the tax year? INDIA | | | | | | | | | | |
| В | In what country did you claim residence for tax purposes during the tax year? India | | | | | | | | | | |
| С | Have you ever applied to be a green card holder (lawful permanent resident) of the United States? | | | | | | | | | | |
| D | Were you ever: | | | | | | | | | | |
| | A U.S. citizen? | | | | | | ⊠ 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 | left the United States durin | g 2022. See instr | uctions. | | | | | | | |
| | Note: If you're a resident of C | | | | | | | | | | |
| | check the box for Canada or | Mexico and skip to item H | <u>1.</u> | L Canada | ☐ Mexico | | | | | | |
| | Date entered United States | Date departed United State | es | Date entered United State | | | d States | | | | |
| | mm/dd/yy | mm/dd/yy | | mm/dd/yy | m | nm/dd/yy | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| ш | Give number of days (including | vegetion nonworkdove one | d portiol days) you | ware present in the United | Ctataa duringu | | | | | | |
| Н | • • • | | | • | • | | | | | | |
| ı | Did you file a U.S. income tax | return for any prior year? . | | | | ☐Yes | ⊠ No | | | | |
| J | If "Yes," give the latest year ar Are you filing a return for a trus | et? | | | | Yes | ⊠ No | | | | |
| J | If "Yes," did the trust have a l | | | | | □ 163 | Z NO | | | | |
| | U.S. person, or receive a conti | ribution from a U.S. person | ? | | | Yes | □No | | | | |
| K | Did you receive total compens | | | | | | ⊠ No | | | | |
| | If "Yes," did you use an alterna | | - | | | | ☐ No | | | | |
| L | Income Exempt From Tax-If | | | • | | | | | | | |
| | complete (1) through (3) below | | | | , | 3 | , | | | | |
| 1. | Enter the name of the country, amount of exempt income in th | | | | claimed the tre | aty benefi | t, and the | | | | |
| | (a) Cou | | (b) Tax treaty ar | | hs (d) Amo | ount of exe | empt | | | | |
| | (-, | , | (0) 1 1 2 3 | claimed in prior tax ye | | current ta | • | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | <u> </u> | | | | | | | | | | |
| _ | (e) Total. Enter this amount of | | | | | | | | | | |
| | Were you subject to tax in a fo | | | | | Yes | ∐ No | | | | |
| 3. | Are you claiming treaty benefit | | = | | | ⊠ Yes | ∐ No | | | | |
| | If "Yes," attach a copy of the C | competent Authority detern | nination letter to y | your return. | | | | | | | |
| М | Check the applicable box if: | oldon on alastica to tar 11 | anno fue ! | | ad Otato " | a address to | | | | | |
| 1. | This is the first year you are may with a U.S. trade or business u | | | | | | onnected | | | | |
| 2. | You have made an election in | * * | | | | | ne United | | | | |
| ۷. | States as effectively connected | | | | | | | | | | |
| | - , | | | () | | | | | | | |