IRS e-file Signature Authorization

OMB No. 1545-0074

epartment of the Treasury	
ternal Revenue Service	

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

lr

Taxpay	yer's name		Socia	al securit	ty numbe	er
ANU	JSHA RAMINENI	18	31-41-	-4548	3	
Spouse	e's name		Spou	se's soc	ial secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022	(Ente	r year	you a	re 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	6,079.
2	Total tax				2	0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	161.
4	Amount you want refunded to you				4	161.
5	Amount you owe				5	

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

~	1 441101120			ERO firm name	to ontor or generate my r in	E
X	l authorize	GLOBAL	TAXES	LTC	to enter or generate my PIN	

1	4	5	4	8	
Ent don	er fiv n't en	ve di ter a	gits, all ze	but ros	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.

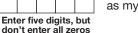
Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN



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 ►									
Practitioner PIN Method Returns Only—continue									
Part III Certification and Authentication – Practitioner PIN Method Only									
ERO's EFIN	I/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2			6 all zer	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 F Don't Submit This Form to the I								
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/14/23 PRO	Form 8879 (Rev. 01-2021)					

E1040)-	Department of the Treasury-Inter U.S. Nonresident AI	nal Rever	nue Service come Tax Reti	urn	2022	OMB No.	1545-0074	IRS L	lse Only—Do not write staple in this space.
		Dec. 31, 2022, or other tax year beginr				·			<u> </u>	See separate instructions.
Filing Status Check only one box.		Single Married filing separately (MFS) Qualifying surviving spouse (QSS) If you checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent								
Your first name	and	middle initial	Last na	ame						fying number
								(see in		,
ANUSHA	(0,000	ber and street). If you have a P.O. bo>						181	-41	-4548
		DEF and Street). If you have a P.O. DO	, see ins	structions.						Apt. no.
		ffice. If you have a foreign address, al	so comp	lete spaces below.			State		ZIP	code
FINDLAY							ОН			840
Foreign country	/ nam	e	Foreig	n province/state/cour	nty		-	n postal c		010
D : :: 1 A		··· · · · · · · · · · · · · · · · · ·	. ,				<u> </u>			
Digital Assets	At a	ny time during 2022, did you: (a) rece erwise dispose of a digital asset (or a	ive (as a financial	reward, award, or painterest in a digital as	ymen set)?	t for property or s (See instructions)	services)	; or (b) sell	, excl	hange, gift, or Ves X No
Dependents	-									ualifies for (see inst.):
(see instructions)		(1) First name Last name		(2) Dependent's identifying number		(3) Relationship to		Child tax cre	dit	Credit for other dependents
						(S) Relationship to	you			
If more than four										
dependents, see instructions and	; <u> </u>									
check here										
Income	1a	Total amount from Form(s) W-2, box	k 1 (see i	nstructions)				. 1a	a '	6,079.
Effectively	b	Household employee wages not rep	orted or	n Form(s) W-2..				. 11)	
Connected	с	Tip income not reported on line 1a (see instr	ructions)				. 10	;	
With U.S.	d	Medicaid waiver payments not repo	rted on I	⁼ orm(s) W-2 (see instr	ructio	ns)		. 10	ł	
Trade or	е	Taxable dependent care benefits fro							•	
Business	f	Employer-provided adoption benefi							F	
Attach	g	Wages from Form 8919, line 6								
Form(s) W-2,	h	Other earned income (see instructio						. 11	1	
1042-S, SSA-1042-S.	1	Reserved for future use 1i 1i Reserved for future use								
RRB-1042-S,	j k	Total income exempt by a treaty from	. 1							
and 8288-A here, Also	ĸ	line 1(e)								
attach	z	Add lines 1a through 1h				-		. 1:	,	6,079.
Form(s)	2a	Tax-exempt interest 2	1	1		ole interest				.,
1099-R if tax was	3a	Qualified dividends 3		b	Ordin	ary dividends .		. 31	5	
withheld.	4a	IRA distributions 44				ole amount)	
lf you did not	5a	Pensions and annuities 5	а	b	Taxab	ole amount		. 51)	
get a Form W-2, see	6	Reserved for future use								
instructions.	7	Capital gain or (loss). Attach Schede								
	8	Other income from Schedule 1 (For								
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is	s your total effectivel	y cor	nnected income		. 9	+	6,079.
	10	Adjustments to income:								
	a	From Schedule 1 (Form 1040), line 2								
	b	Reserved for future use								
	c d	Reserved for future use						. 10	Ь	
	11	Subtract line 10d from line 9. This is								6,079.
	12	Itemized deductions (from Schedu	-						-	0,013.
		deduction (see instructions)					n_US/India		2	12,950.
	13a	Qualified business income deductio				1 1	-			_,
	b	Exemptions for estates and trusts o	nly (see	instructions)		. 13b				
	с	Add lines 13a and 13b						. 13	с	
	14	Add lines 12 and 13c						. 14	1	12,950.
	15	Subtract line 14 from line 11. If zero	or less,	enter -0 This is your	taxa	ble income .		. 1	5	0.
For Disclosure,	Priva	cy Act, and Paperwork Reduction Act	t Notice,	see separate instruct	tions.	BAA	REV 02/14	/23 PRO	Forr	n 1040-NR (2022)

Form **1040-NR** (2022)

Form 1040-NR (2022)								Page 2
Tax and	16	Tax (see instructions). Check if any from For	rm(s): 1 🗌 88	314 2	4972	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 depende	ents from Sched	ule 8812 (Fo	rm 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 zero or less	s, enter -0					22	0.
	23a	Tax on income not effectively connected w	rith a U.S. trade of	or business f	rom				
		Schedule NEC (Form 1040-NR), line 15 .			. 23	a			
	b	Other taxes, including self-employment ta	x, from Schedule	e 2 (Form 10	40),				
		line 21			. 23	b			
	С	Transportation tax (see instructions)			. 23	c			
	d	Add lines 23a through 23c						23d	
	24	Add lines 22 and 23d. This is your total ta	x					24	0.
Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2			. 25	a	161.		
	b	Form(s) 1099			. 25	b			
	С	Other forms (see instructions)			. 25	C			
	d	Add lines 25a through 25c						25d	161.
	е	Form(s) 8805						25e	
	f	Form(s) 8288-A						25f	
	g	Form(s) 1042-S						25g	
	26	2022 estimated tax payments and amount			1			26	
	27	Reserved for future use						-	
	28	Additional child tax credit from Schedule 8						-	
	29	Credit for amount paid with Form 1040-C						-	
	30	Reserved for future use						-	
	31	Amount from Schedule 3 (Form 1040), line							
	32	Add lines 28, 29, and 31. These are your to						32	161.
Defendel	33 34	Add lines 25d, 25e, 25f, 25g, 26, and 32. T If line 33 is more than line 24, subtract line						33 34	
Refund	34 35a	Amount of line 34 you want refunded to y				-		34 35a	<u> </u>
Direct deposit?	b	Routing number $\begin{vmatrix} 0 & 4 & 4 & 0 & 0 \end{vmatrix}$		c Type:			Savings	554	101.
See instructions.	d	Account number 7 7 3 6 0 9					Cavings		
	e	If you want your refund check mailed to a		la tha l Initar	l States no				
	C								
	36	Amount of line 34 you want applied to you	ur 2023 estimat	ed tax .	. 36	;		-	
Amount	37	Subtract line 33 from line 24. This is the ar							
You Owe		For details on how to pay, go to www.irs.g	ov/Payments or	see instructi	ons			37	
	38	Estimated tax penalty (see instructions) .			. 38	3			
Third	Do yo	ou want to allow another person to discuss t	his return with th	ne IRS? See	instructior	ns. 🗌 Y	es. Comp	lete below	v. 🛛 No
Party	Desig	nee's	Phone			Perso	nal identif	ication	
Designee	name						er (PIN)		
		penalties of perjury, I declare that I have examined they are true, correct, and complete. Declaration of							
Sign									, 0
Here	Your	signature	Date	Your occup	Dation				t you an Identity N, enter it here
пеге				STUDENT	ľ			inst.)	
	Phone	e no.	Email address						<u> </u>
Paid	Prepa	rer's name Preparer	's signature		Da	te	PTIN	C	heck if:
		SYAM PR	.IYA RAM SAGAF	R GUPTA TA	LLAM 02	/24/2023	P02082	<u>2703</u> [Self-employed
Preparer Use Only	Firm's	S NAME SYNDIA BALRATAXES GUILE TALL	AM				Phone n	o. (678)965-9522
	Firm's	address 245 ROONEY CT E BF	RUNSWICK N	J 08816			Firm's E	IN 84-	-3171965
Go to www.irs.	gov/Foi	rm1040NR for instructions and the latest inform	nation.		R	EV 02/14/23 PF	RO	Form	n 1040-NR (2022)

SCHEDULE NEC (Form 1040-NR)

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

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

Attach to Form 1040-NR.



Name shown on Form 1040-NR

ANUSHA RAMINENI

Your identifying number

181-41-4548

Enter amount of income u	under the appropriate rat	te of tax. See instructions.

	Nature of Income		(a) 10%	(b) 1 50/	(a) 20%	(d) Other	(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	2b					
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						
а	Winnings						
b	Losses	10c					
11	Gambling winnings—Residents of countries other than Canada. Note: Losses not allowed	11					
12	Other (specify):						
		12					
13	Add lines 1a through 12 in columns (a) through (d)	13					
14	Multiply line 13 by rate of tax at top of each column	14				<u> </u>	
15	Tax on income not effectively connected with a U.S. trade or business. Add colur					NR, line 23a 15	
	Capital Gains and Losses	From	Sales or Excha	nges of Proper	ty	1	
losses f exchan within t	Inly the capital gains and rom 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 accomm/dd/yr		(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.Š. real vinterest; report these						
gains a	nd losses on Schedule D						
(Form 1 Roport	040). property sales or					ļ'	
exchan	ges that are effectively						
on Sche	ted with a U.S. business due to (Form 1040), Add columns (f) and (g) of line 16				17		
Form 4	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, enter	r-0 18	

SCHE	DU	LE	ΟΙ
(Form	104	0-N	R)

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Department of the Treasury Internal Revenue Service Name shown on Form 1040-NR ANUSHA RAMINENI

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HEDULE OI orm 1040-NR) artment of the Treasury mal Revenue Service ne shown on Form 1040		Other Information						OMB No. 1545-0074				
		Go to www.irs.gov/Form1040NR for instructions and the latest information. Attach to Form 1040-NR. Answer all questions.					2022					
							Attachment					
							our identifying number					
	USHA RAMINENI					181-41-4548						
10.2		-										
	In what country	Of what country or countries were you a citizen or national during the tax year? <u>INDIA</u> n what country did you claim residence for tax purposes during the tax year? <u>United States</u>										
			XNo									
	Have you ever applied to be a green card holder (lawful permanent resident) of the United States?											
1.	A U.S. citizen?											
		A green card holder (lawful permanent resident) of the United States?										
	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 sta											
	Have you ever		. 🗌 Yes	X No								
	If you answered											
	List all dates you entered and left the United States during 2022. See instructions.											
	Note: If you're a resident of Canada or Mexico AND commute to work in the United States at frequent intervals,											
	check the box for Canada or Mexico and skip to item H											
		Intered United States Date departed United States Date entered United States Date departed United States mm/dd/yy mm/dd/yy Date of the states Date of the states Date of the states				eparted United States mm/dd/yy						
		Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2020, 2021, and 2022365										
	Did you file a L	. Yes	XNo									
	Did you file a U.S. income tax return for any prior year? If "Yes," give the latest year and form number you filed: If "Yes," give the latest year and form number you filed: If "Yes," give the latest year and form number you filed:											
	Are you filing a		. 🗌 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?											
	Did you receive			🔀 No								
	If "Yes," did you use an alternative method to determine the source of this compensation?											
	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				(c) Number of month claimed in prior tax ye		(d) Amount of exempt income in current tax year					
					+							

	(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	o not enter it anywher	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 Authority determination?							
	If "Yes," attach a copy of the Competent Authority determination letter to your return.							
	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.

REV 02/14/23 PRO Schedule OI (Form 1040-NR) 2022