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

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| Submis | ssion Identification Number (SID) | | | | | | | |
| Taxpayer | r's name | | Social se | ecurity r | number | | | |
| SREE | RAMBATLA SAANDEEP | 812- | -67-6 | 232 | | | | |
| Spouse's | s name | Spouse's | s social | securit | y numb | er | | |
| Part | Tax Return Information — Tax Year Ending December 31, 202 | 2 (Enter | vear vo | ou are | autho | orizino | a.) | |
| | whole dollars only on lines 1 through 5. | Z (LITTO) | your yo | ou aro | aatiik | J112111 | 9./ | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | |
| | Adjusted gross income | | | | 1 | 7 | 0,7 | 773. |
| | Total tax | | | | 2 | | 8,3 | 39. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | | 3 | | 8,5 | 85. |
| 4 | Amount you want refunded to you | | | | 4 | | 2 | 246. |
| 5 | Amount you owe | | | | 5 | | | |
| Part I | Taxpayer Declaration and Signature Authorization (Be sure you g | et and k | ceep a | сору | of you | ır ret | urn |) |
| to send for any of Agent to payment authorize payment business taxes to persona | 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 reast delay in processing the return or refund, and (c) the date of any refund. If applicable, I author initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution act of my federal taxes owed on this return and/or a payment of estimated tax, and the financial action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to att, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancell is days prior to the payment (settlement) date. I also authorize the financial institutions involved receive confidential information necessary to answer inquiries and resolve issues related ali identification number (PIN) below is my signature for the income tax return (original or amenic Funds Withdrawal Consent. | on for rejective the U count indicated institution terminated attorning the distribution to the point of the U to the U countries the U to the U countries the | ection of to a cated in to debit the authors are processing ayment. | the tranury and the tax it the endorization of the forther the following of the following of the following of the forther the following of the following and | its des preparantry to to on. To eceived ne electer ackner | on, (b) signate ation s this acc revoke d no la cronic p | the id Fir oftwood count of the | reason nancial are for t. This ncel) a than 2 nent of the |
| | yer's PIN: check one box only | | | | | | 7 | |
| X | lauthorize GLOBAL TAXES LLC to enter or g | enerate | mv PIN | \vdash | 5 2 | 3 2 | 」 _a | s my |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | , | , | | five dig enter a | | | , |
| | I will enter my PIN as my signature on the income tax return (original or amender if you are entering your own PIN and your return is filed using the Practitioner F below. | | | | | | | |
| Your si | gnature ▶ [| Date ► _ | | | | | | |
| Spouse | e's PIN: check one box only | | | | | | _ | |
| | I authorize to enter or o | enerate | my PIN | | | | | ıs my |
| ш | ERO firm name | joriorato | y : v | Enter | five dig | its, but | _ | io iiiy |
| | signature on the income tax return (original or amended) I am now authorizing. | | | don't | enter a | II zeros | | |
| | I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner F below. | | | | | | | |
| Spouse | e's signature ▶ | Date ► | | | | | | |
| | Practitioner PIN Method Returns Only—continu | e below | | | | | | |
| Part II | 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 |
| | _ in the line from one angle in the line had by from the digital in the | | - | t enter | all zeros | | | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual red to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Prov | am subm | itting this | return | in acc | ordano | | |
| ERO's | signature ► [| Date ► | | | | | | |
| | ERO Must Retain This Form — See Instruc | | | | | | | |
| | Don't Submit This Form to the IRS Unless Request | | 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 | ın. 1–C | Dec. 31, 2022, or other tax year begi | nning | , 2022, | ending | ·································· | 20 | | ee separate structions. |
|-------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------|---------------------|------------------------------------|---------------------|-------------------------------|----------------------------|
| Filing Status | | Single Married filing se | | • | ng surviving spouse | | Es | tate | ☐ Trust |
| Check only one box. | | | | | • | | | | |
| Your first name | e and | middle initial | Last na | ame | | | Your id (see ins | - | ng number ns) |
| SREERAMB | ATLA | A | SAAN | DEEP | | | 812- | 67-6 | 232 |
| Home address | (num | ber and street). If you have a P.O. b | ox, see ins | tructions. | | | | | Apt. no. |
| 1807 PLA | ZA D | R | | | | | | | |
| City, town, or p | ost o | ffice. If you have a foreign address, | also comp | lete spaces below. | | State | | ZIP co | de |
| WOODBRID | GE | | | | | NJ | | 0709 | 5 |
| Foreign countr | y nam | е | Foreigr | n province/state/county | | Foreign | oostal co | de | |
| Digital Asset | | ny time during 2022, did you: (a) receivise dispose of a digital asset (or | | | | | r (b) sell, | | |
| Dependents | s | | | | | (4) Ch | eck the box | k if qualif | fies for (see inst.): |
| (see instructions | | (1) First name Last name | | (2) Dependent's identifying number (3) Relationship to y | | ou Chil | d tax cred | tax credit Credit for depende | |
| If mare than four | | | | | | | | | |
| If more than fou dependents, se- | | | | | | | | | |
| instructions and | - 1 | | | | | | | | |
| check here | | | | | | | | \perp | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see i | nstructions) | | | . 1a | | 70,773. |
| Effectively | b | Household employee wages not r | eported on | Form(s) W-2 | | | . 1b | | |
| Connected | С | Tip income not reported on line 1a | a (see instr | uctions) | | | . 1c | | |
| With U.S. | d | Medicaid waiver payments not re | oorted on F | Form(s) W-2 (see instruct | tions) | | . 1d | | |
| Trade or | е | Taxable dependent care benefits | from Form | 2441, line 26 | | | . 1e | | |
| Business | f | Employer-provided adoption bene | efits from F | orm 8839, line 29 . | | | . 1f | | |
| Attach | g | | | | | | | | |
| Form(s) W-2, | h | Other earned income (see instruct | . 1h | | | | | | |
| 1042-S, | i | Reserved for future use | | | 1i | | | | |
| SSA-1042-S, RRB-1042-S, | j | Reserved for future use | | | 1 1 | | . <u>1j</u> | | |
| and 8288-A | k | Total income exempt by a treaty f | rom Sched | ule OI (Form 1040-NR), i | tem L, | | | | |
| here. Also | | () | | | 1k | | | | |
| attach | Z | Add lines 1a through 1h | | | | | . 1z | | 70,773. |
| Form(s) 1099-R if | 2a | · | 2a | b Tax | cable interest | | | | |
| tax was | 3a | Qualified dividends | 3a | b Ord | dinary dividends . | | . 3b | | |
| withheld. | 4a | IRA distributions | 4a | b Tax | able amount | | . 4b | | |
| If you did not | 5a | L | 5a | | cable 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 (Form 1040), line 10 | | | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, an | d 8. This is | your total effectively c | onnected income | | . 9 | | 70,773. |
| | 10 | Adjustments to income: | | | | | | | |
| | а | ` " | | | | | | | |
| | b | Reserved for future use | | | | | | | |
| | C | Reserved for future use | | | | | | | |
| | d | Enter the amount from line 10a. T | | | | | | | |
| | 11 | Subtract line 10d from line 9. This | | | | | | | 70,773. |
| | 12 | Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions) | | | | | | | 12,950. |
| | 13a | Qualified business income deduct | tion from F | orm 8995 or Form 8995- | -A . 13a | | | | |
| | b | Exemptions for estates and trusts | only (see i | instructions) | 13b | | | | |
| | С | Add lines 13a and 13b | | | | | . 130 | ; | |
| | 14 | Add lines 12 and 13c | | | | | . 14 | | 12,950. |
| | 15 | Subtract line 14 from line 11. If ze | ro or less | enter -0 This is vour ta | xable income | | . 15 | | 57,823. |

| Tax and | 16 | Tax (see instructions). Check if an | y from For | rm(s): 1 \square 88 | 814 2 🗌 4 | 972 | ₃ 🗆 | | 16 | 8,339. |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------|------------------------------|------------------|---------------|----------|--------------------------|----------|---------------------|
| Credits | 17 | Amount from Schedule 2 (Form 1 | 1040), line | 3 | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 8,339. |
| | 19 | Child tax credit or credit for othe | r depende | ents from Schedi | ule 8812 (Form | 1040) . | | | 19 | |
| | 20 | Amount from Schedule 3 (Form 1 | 1040), line | 8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If ze | ero or less | s, enter -0 | | | | | 22 | 8,339. |
| | 23a | Tax on income not effectively cor Schedule NEC (Form 1040-NR), I | | | | | | | | |
| | b | Other taxes, including self-emplo | , | , | , |), 23b | | | | |
| | С | Transportation tax (see instruction | ns) | | | 23c | | | | |
| | d | Add lines 23a through 23c | | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is you | ır total ta | x | | <u>.,</u> | | | 24 | 8,339. |
| Payments | 25 | Federal income tax withheld from | า: | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | 8 | ,585. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions) . | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 8,585. |
| | е | Form(s) 8805 | | | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | | 25g | |
| | 26 | 2022 estimated tax payments an | d amount | applied from 20 | 21 return | | | | 26 | |
| | 27 | Reserved for future use | | | | 27 | | | | |
| | 28 | Additional child tax credit from S | chedule 8 | 3812 (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 1 | 1040), line | 15 | | 31 | | | | |
| | 32 | Add lines 28, 29, and 31. These a | are your t o | otal other paym | ents and refun | idable cr | edits | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, | and 32. T | hese are your to | tal payments | | | | 33 | 8,585. |
| Refund | 34 | If line 33 is more than line 24, sul | otract line | 24 from line 33. | This is the amo | ount you | overpaid | | 34 | 246. |
| | 35a | Amount of line 34 you want refu | | | is attached, ch | neck here | | | 35a | 246. |
| Direct deposit? | b | Routing number 0 4 4 0 | 0 0 | 0 3 7 | c Type: | X Check | king 🗌 | Savings | | |
| See instructions. | d | | | | | | | | | |
| | е | If you want your refund check m | ailed to a | n address outsid | e the United St | tates not | shown on | page 1, | | |
| | | enter it here. | | | | | , | | | |
| | 36 | Amount of line 34 you want appl | | | | | | | | |
| Amount | 37 | Subtract line 33 from line 24. This | 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 | s | | | 37 | |
| | 38 | Estimated tax penalty (see instru | ctions) . | | | 38 | | | | |
| Third | Do yo | u want to allow another person to | discuss t | his return with th | e IRS? See inst | tructions. | Y€ | es. Compl | ete bel | ow. 🛛 No |
| Party Designee | Designame | nee's | | Phone no. | | | | nal identifi er (PIN) | cation | |
| | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | | | | | | | | | |
| Sign | Your | signature | | Date | Your occupati | on | | If the | e IRS se | ent you an Identity |
| Here | | | | | | | | | r | PIN, enter it here |
| | | | | | MACHINE LE | ARNING | ENGINE | ER (see | inst.) | |
| | Phone | | _ | Email address | | 15: | | DTII: | | |
| Paid | Prepa | rer's name | | 's signature | | Date | | PTIN | | Check if: |
| Preparer | | | | SAI PAVAN KU | JMAR DUDIPALI | LI 03/1 | 4/2023 | P02470 | | Self-employed |
| Use Only | | name VENCETABAL PAVAKKUMAI | | | | | | Phone n | , - | 78)965-9522 |
| | Firm's | address 245 DOOMEV C | т г рг | TINICIATOR N | T 00016 | | | Firm's Fl | N Q | 8-2145487 |

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

2022

Attachment

Attachment Sequence No. **7B**

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

SREERAMBATLA SAANDEEP

Your identifying number 812-67-6232

| | Nature of Income | | | | (a) 10% | (b) 15% | (c) 30% | (d) Other (specify) | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------|------|--------------------------|-----------------|-------------------------|-------------------------------------------------|-----------------------------------------------------------|--|
| | | Nature of income | | | (a) 1070 | (b) 15% | (6) 30% | % | % | |
| 1 | Dividends and divide | end equivalents: | | | | | | | | |
| а | Dividends paid by U | S. corporations | | 1a | | | | | | |
| b | Dividends paid by fo | reign corporations | | 1b | | | | | | |
| С | Dividend equivalent p | payments received with respect to section 871(m) to | transactions | 1c | | | | | | |
| 2 | Interest: | | | | | | | | | |
| а | Mortgage | | | 2a | | | | | | |
| b | Paid by foreign corp | orations | | 2b | | | | | | |
| С | Other | | | 2c | | | | | | |
| 3 | Industrial royalties (p | atents, trademarks, etc.) | | 3 | | | | | | |
| 4 | Motion picture or TV | copyright royalties | | 4 | | | | | | |
| 5 | Other royalties (copy | rights, recording, publishing, etc.) | | 5 | | | | | | |
| 6 | | e and natural resources royalties | | 6 | | | | | | |
| 7 | | ies | | 7 | | | | | | |
| 8 | Social security bene- | fits | | 8 | | | | | | |
| 9 | Capital gain from line | e 18 below | | 9 | | | | | | |
| 10 | Gambling—Resident If zero or less, ente | ts of Canada only. Enter net income in column (c | e). | | | | | | | |
| а | Winnings | | | | | | | | | |
| b | Losses | | | 10c | | | | | | |
| 11 | Gambling winnings | Residents of countries other than Canada. | | 11 | | | | | | |
| 12 | | | | - 11 | | | | + | | |
| 12 | | | | 12 | | | | | | |
| 10 | | 1 12 in columns (a) through (d) | | 13 | | | | + | | |
| 13 14 | • | rate of tax at top of each column | | 14 | | | | + | | |
| 15 | | ffectively connected with a U.S. trade or busines | | | brough (d) of line 1 | | and an Earm 1040 |)-NR. line 23a 15 | | |
| 13 | rax on income not e | Capital Gains an | | | | | | -Nn, iiile 23a 13 | | |
| Enter o | nly the canital gains and | | | | | | • | (f) LOSS | (=) CAIN | |
| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not | | (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acquired mm/dd/yyyy | | (c) Date sold mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | 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 | | | | | | | | | |
| | y interest; report these nd losses on Schedule D | | | | | | | | | |
| (Form 1 | • | | | | | | | | | |
| | property sales or ges that are effectively | | | | | | | | | |
| connec | ted with a U.S. business edule D (Form 1040), | 17 Add columns (f) and (g) of line 16 . | | | | | 17 | () | | |
| | 797, or both. | 18 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.

OMB No. 1545-0074

2022

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

| varrie | snown on Form 1040-NR | Your identifying | | | | | | | | | |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------|------------------------|-----------------|------------|--|--|--|--|--|
| SR | EERAMBATLA SAANDEEP | | | 812-67-62 | 232 | | | | | | |
| 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? | ? United States | | | | | | | | |
| С | Have you ever applied to be a green card holder (lawful pe | ermanent resident) of | f the United States? . | | ☐ Yes | ⊠ No | | | | | |
| D | Were you ever: | | | | | | | | | | |
| 1 | . A U.S. citizen? | | ☐ Yes | ⊠ No | | | | | | | |
| 2 | 2. A green card holder (lawful permanent resident) of the Uni | | 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 year. F1 | | | | | | | | | | |
| 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 during | 2022 Socientruction | | | | | | | | | |
| G | - | | | | | | | | | | |
| | Note: If you're a resident of Canada or Mexico AND comcheck the box for Canada or Mexico and skip to item H | | | ent intervals, Mexico | | | | | | | |
| | Date entered United States Date departed United States | | ate entered United States | | rted United | d Ctataa | | | | | |
| | mm/dd/yy mm/dd/yy | 5 De | mm/dd/yy | | nm/dd/yy | Jolales | | | | | |
| | | | | - | , 2.2., , , | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | _ | | | | | | | | | |
| Н | Give number of days (including vacation, nonworkdays, and | L partial days) you wer | e present in the United S | States during: | | | | | | | |
| •• | 2020, 2021 | | | | | | | | | | |
| ı | Did you file a U.S. income tax return for any prior year? . | , and 20 | | | X Yes | □No | | | | | |
| • | If "Yes," give the latest year and form number you filed: | | | | 100 | | | | | | |
| J | Are you filing a return for a trust? | | 101110 | | Yes | ⊠ No | | | | | |
| • | If "Yes," did the trust have a U.S. or foreign owner under | | | | _ 100 | | | | | | |
| | U.S. person, or receive a contribution from a U.S. person? | | | | Yes | □No | | | | | |
| K | Did you receive total compensation of \$250,000 or more of | | | | Yes | ⊠ No | | | | | |
| | If "Yes," did you use an alternative method to determine the | | | | Yes | □ No | | | | | |
| L | Income Exempt From Tax-If you are claiming exemption | | • | | a foreign | country. | | | | | |
| | complete (1) through (3) below. See Pub. 901 for more info | | | | | , | | | | | |
| 1 | . Enter the name of the country, the applicable tax treaty articles | | | claimed the tre | aty benefi | t, and the | | | | | |
| | amount of exempt income in the columns below. Attach Fo | | | | | | | | | | |
| | (a) Country | (b) Tax treaty article | (c) Number of month claimed in prior tax year | | ount of exe | | | | | | |
| | | | Ciaimed in prior tax yes | ars income ii | ii Cuii eiil la | an year | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | (e) Total. Enter this amount on Form 1040-NR, line 1k. Do | not enter it anywho | re else on line 1 | | | | | | | | |
| | . Were you subject to tax in a foreign country on any of the | • | | | Yes | No | | | | | |
| - | Are you claiming treaty benefits pursuant to a Competent | , | • | | Yes | □ No | | | | | |
| | If "Yes," attach a copy of the Competent Authority determ | - | | | 162 | ∠ INU | | | | | |
| М | | mation letter to your | IGIUIII. | | | | | | | | |
| | Check the applicable box if: This is the first year you are making an election to treat inc. | omo from roal pro- | orty located in the Unite | d States as of | footivoly - | onnostad | | | | | |
| | This is the first year you are making an election to treat ind with a U.S. trade or business under section 871(d). See in | structions | | | | 🗌 | | | | | |
| 2 | You have made an election in a previous year that has States as effectively connected with a U.S. trade or busine | | | | | | | | | | |