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	sion Identification Number (SID)				
Taxpayer	's name	Social securi	ty numl	per	
SATY	ADEEP YENUMULA	055-83	-627	0	
Spouse's	name	Spouse's soo	ial secu	urity number	•
Part l	Tax Return Information — Tax Year Ending December 31, 2022 (Ent	er year you a	re au	thorizina	1
	whole dollars only on lines 1 through 5.	ei yeai you a	ie au	u lonzing.	<u>) </u>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	23	,644.
	Total tax		2		,076.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3	,428.
4	Amount you want refunded to you		4		,352.
5	Amount you owe		5		
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get and	l keep a cop	y of y	our retu	rn)
my know return (o to send for any o Agent to payment authorize payment business taxes to personal	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amendowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for releasy in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in to fmy federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation residency prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the lidentification number (PIN) below is my signature for the income tax return (original or amended) I	ove are the amounter, or electro- ejection of the tr U.S. Treasury andicated in the traition to debit the ate the authorizate quests must be the processing of	ounts formic references on the control of the contr	rom the inc turn original ssion, (b) the designated paration soft to this accor- fo revoke (ved no late ectronic paratically	come tax tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the
	ic Funds Withdrawal Consent. ver's PIN: check one box only				
X	I authorize GLOBAL TAXES LLC to enter or generat	e my PINI 3	6 2	2 7 0	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Your si	gnature ▶ Date ▶				
Spouse	e's PIN: check one box only				
Opouse	I authorize to enter or generat	e my DINI			as my
Ш	ERO firm name	-	ter five	digits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
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 4 9 Don't ent	6 3	1 9 8	9
		Don t ent	or an Ze	03	
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsents of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers or	mitting this retu	ırn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested 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 Ja	ın. 1–C	Dec. 31, 2022, or other tax year beginn	ing	, 2022,	ending	,	20		e separate structions.	
Filing Status	⊠ Single								☐ Trust	
Check only one box.	If :	you checked the QSS box, enter the ch	ild's nan	ne if the qualifying persor	n is a child but not yo	our depen 	dent:			
Your first name	e and i	middle initial	Last na	ame			Your id		ng number	
SATYADEE	P		YENU	MULA			055-	83-6	270	
		ber and street). If you have a P.O. box	, see ins	tructions.					Apt. no.	
16512 BL	ENHA	M WAY								
City, town, or p	ost o	ffice. If you have a foreign address, als	so comp	lete spaces below.		State		ZIP cod	de	
CHESTERF	IELD					MO		6300	5	
Foreign countr	y nam	е	Foreigi	n province/state/county		Foreign	postal co	de		
Digital Asset		ny time during 2022, did you: (a) recei erwise dispose of a digital asset (or a f					r (b) sell,			
Dependents	s					(4) Ch	eck the box	x if qualifi	ies for (see inst.):	
(see instructions			(2) Dependent's			Chi	ld tax cred	tax credit Credit for other		
		(1) First name Last name		identifying number	(3) Relationship to yo	ou		- '	dependents	
If more than fou	r								-	
dependents, see										
instructions and check here										
	4-	Tatal are suit from Faver(a) W. O. have	. 1 (:				4-		23,644.	
Income	1a	Total amount from Form(s) W-2, box	,	,					23,044.	
Effectively	b	Household employee wages not rep Tip income not reported on line 1a (
Connected With U.S.	c d	Medicaid waiver payments not repo								
	e	Taxable dependent care benefits from		` '	,		. 1e			
Trade or	f	Employer-provided adoption benefit					. 16			
Business	q	Wages from Form 8919, line 6								
Attach	9 h	Other earned income (see instruction								
Form(s) W-2, 1042-S,	i	Reserved for future use								
SSA-1042-S,	i	Reserved for future use	. 1j							
RRB-1042-S,	, k	Total income exempt by a treaty from								
and 8288-A here. Also		line 1(e)								
attach	z	Add lines 1a through 1h					. 1z		23,644.	
Form(s)	2a	Tax-exempt interest 2a	.	b Tax	able interest		. 2b			
1099-R if tax was	За	Qualified dividends 3a	1	b Ord	linary dividends .		. 3b			
withheld.	4a	IRA distributions 4a	1		able amount					
If you did not	5a	Pensions and annuities 5a	1		able amount		. 5b			
get a Form W-2, see	6	Reserved for future use	. 6							
instructions.	7	Capital gain or (loss). Attach Schedu	7							
	8	Other income from Schedule 1 (Form	. 8							
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	3. This is	your total effectively c	onnected income		. 9		23,644.	
	10	Adjustments to income:								
	а	From Schedule 1 (Form 1040), line 2								
	b	Reserved for future use								
	С									
	d	Enter the amount from line 10a. The		I						
	11	Subtract line 10d from line 9. This is	-						23,644.	
	12	Itemized deductions (from Schedudeduction (see instructions)	ard aty 12		12,950.					
	13a	Qualified business income deduction	ed business income deduction from Form 8995 or Form 8995-A . 13a							
	b	Exemptions for estates and trusts of	nly (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 zero	or less,	enter -0 This is your tax	xable income .		. 15		10,694.	

Tax and	16	Tax (see instructions). Check if any	from For	rm(s): 1	2 2 497	2 3	₃ 🗆		16	1,076.
Credits	17	Amount from Schedule 2 (Form 1	17	0.						
	18	Add lines 16 and 17							18	1,076.
	19	Child tax credit or credit for other	depende	ents from Sched	ule 8812 (Form 10	40) .			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	ero or less	s, enter -0					22	1,076.
	23a	Tax on income not effectively cor Schedule NEC (Form 1040-NR), li	nected w	rith a U.S. trade	or business from	1 1				,
	b	Other taxes, including self-emplo							-	
		line 21				23b				
	С	Transportation tax (see instruction	,			23c				
	d	Add lines 23a through 23c							23d	
	24	Add lines 22 and 23d. This is you	r total ta	x					24	1,076.
Payments	25	Federal income tax withheld from	1:							
	а	Form(s) W-2				25a	3	,428.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions) .				25c				
	d	Add lines 25a through 25c							25d	3,428.
	е	Form(s) 8805							25e	
	f	Form(s) 8288-A							25f	
	g	Form(s) 1042-S							25g	
	26	2022 estimated tax payments and	d amount	applied from 20	21 return				26	
	27	Reserved for future use				27				
	28	Additional child tax credit from S				28				
	29	Credit for amount paid with Form		`		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3 (Form 1				31			-	
	32	Add lines 28, 29, and 31. These a	, .			$\overline{}$	adite		32	
	33	Add lines 25d, 25e, 25f, 25g, 26,		33	3,428.					
Dafusad	34	If line 33 is more than line 24, sub							34	2,352.
Refund	35a	Amount of line 34 you want refur				•	=		35a	2,352.
Direct deposit?		Routing number 0 8 1 0				Check		. L. Savings	SSA	2,332.
See instructions.	b d	Account number 3 5 5 0				CHECK	aling	Saviriys		
		If you want your refund check ma								
	е	enter it here.								
	36	Amount of line 34 you want appli				36				
Amount	37	Subtract line 33 from line 24. This	s is the ar	nount you owe						
You Owe		For details on how to pay, go to	www.irs.g	ov/Payments or	see instructions .				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 instru	ctions.	☐ Ye	s. Compl	ete bel	ow. 🛛 No
Party	Desig	esignee's Phone Personal identi								
Designee	name						numbe	` ′	Į.	
		penalties of perjury, I declare that I hav they are true, correct, and complete. De								
Sign	Your signature Date Your c							If the	RS se	ent you an Identity
Here				·			Prot	ection [PIN, enter it here	
	SOFTWARE ENGINEER								inst.)	
	Phone			Email address						
Paid	Prepa	rer's name	Preparer'	's signature		Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PR	IYA RAM SAGAI	R GUPTA TALLAM	04/1	5/2023	P02082	2703	Self-employed
	Firm's name GLOBAL TAXES LLC Phor							Phone n	o. (6	78)965-9522
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816									4-3171965

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.

Department of the Treasury
Internal Revenue Service

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 SATYADEEP YENUMULA

Your identifying number 055-83-6270

Enter	amount of income und	er the a	appropriate rate of tax. See instructions.								
			Nature of Income			(a) 10%	(b) 15%	(c) 30%	(d) Other	(specify)	
			Nature of income			(a) 1070	(b) 1370	(6) 30 70	%	%	
1	Dividends and divide	end eq	uivalents:								
а	Dividends paid by U.	S. cor	porations		1a						
b	Dividends paid by fo	reign d	corporations		1b						
С	Dividend equivalent p	aymen	its received with respect to section 871(m) tra	ansactions	1c						
2	Interest:										
а	Mortgage				2a						
b	Paid by foreign corp	oration	ıs	2b							
С	Other				2c						
3			, trademarks, etc.)		3						
4	Motion picture or TV	copyr	ight royalties		4						
5			recording, publishing, etc.)		5						
6			natural resources royalties		6						
7	Pensions and annuit	ies .			7						
8	Social security benef	fits .			8						
9					9						
10	Gambling—Resident If zero or less, ente	s of Ca r -0	anada only. Enter net income in column (c).								
а	Winnings										
b	Losses		<u> </u>		10c						
11	Gambling winnings	-Resid	ents of countries other than Canada.		44						
12					11						
12	Other (specify).				12						
13			columns (a) through (d)		13						
14	_		tax at top of each column		14						
15			ely connected with a U.S. trade or business			through (d) of line 1	/ Enter the total here	and on Form 10/0	-NR. line 23a 15		
	Tax on income not e	iicotiv.	Capital Gains and		. ,	<u> </u>			TVIT, IIITO ZOG 13		
Enter o	only the canital gains and	16	(a) Kind of property and description						(f) LOSS	(a) CAIN	
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not		16	(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).	
effectiv	vely connected with a U.S. ss. Do not include a gain										
or loss	on disposing of a U.S. real										
gains a	ty interest; report these and losses on Schedule D										
(Form	•										
	property sales or iges that are effectively										
connec	cted with a U.S. business edule D (Form 1040),		Add columns (f) and (g) of line 16					17			
	4797, or both.	18	Capital gain. Combine columns (f) and (g	g) of line 17	7. Ente	er the net gain he	re and on line 9 abo	ove. If a loss, ente	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.

Department of the Treasury Internal Revenue Service

Attachment Sequence No. **7C**

OMB No. 1545-0074

Name s	hown on Form 1040-NR				Your identifying	number					
SATY	ADEEP YENUMULA				055-83-62	270					
Α	Of what country or countries we	ere you a citizen or nationa	al during the tax y	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 g										
D	Were you ever:										
1.	A U.S. citizen?					☐ Yes	⊠ No				
2.	A green card holder (lawful pern						⊠ No				
	If you answer "Yes" to (1) or (2),	see Pub. 519, chapter 4,	for expatriation r	ules 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 le	eft the United States during									
	Note: If you're a resident of Ca	nada or Mexico AND cor	nmute to work in	the United States at frequ	uent intervals,						
	check the box for Canada or I				☐ Mexico						
	Date entered United States	Date departed United State	es	Date entered United State	es Date depa	arted Unite	d States				
	mm/dd/yy	mm/dd/yy		mm/dd/yy	r	nm/dd/yy					
Н	Give number of days (including v										
	2020	, 2021	, ar	nd 2022365			-				
ı	Did you file a U.S. income tax re If "Yes," give the latest year and	d form number you filed:				☐ Yes	⊠ No				
J	Are you filing a return for a trust	?				☐ Yes	⊠ No				
	If "Yes," did the trust have a U.U.S. person, or receive a contrib					☐ Yes	□No				
K	Did you receive total compensa	tion of \$250,000 or more	during the tax ye	ar?		☐ Yes	⊠ No				
	If "Yes," did you use an alternat	ive method to determine t	he source of this	compensation?		☐ Yes	☐ No				
L	Income Exempt From Tax—If y complete (1) through (3) below.				tax treaty with	a foreigr	country,				
1.	Enter the name of the country, the amount of exempt income in the				claimed the tre	eaty benefi	t, and the				
	(a) Coun	try	(b) Tax treaty ar								
				claimed in prior tax ye	ears income i	n current t	ax year				
	(e) Total. Enter this amount on	Form 1040-NR, line 1k D	o not enter it any	where else on line 1							
2.	Were you subject to tax in a fore		-			Yes	□No				
	Are you claiming treaty benefits					⊠ Yes	□No				
	If "Yes," attach a copy of the Co		-								
М	Check the applicable box if:	, , , , , , , , , , , , , , , , , , , ,		•							
	This is the first year you are mal with a U.S. trade or business un			property located in the Unit		-	onnected				
2.	You have made an election in	a previous year that has	not been revoke	ed, to treat income from re	eal property loc	cated in th	ne United				
	States as effectively connected	with a U.S. trade or busin	ess under sectio	n 871(d). See instructions .			🗆				