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

| Subm | nission Identification Number (SID) | | | |
|--|---|---|--|---|
| Taxpay | yer's name | Social securit | y number | |
| FNU | J PRAJWALMANJUNATHA | 805-06- | -8171 | |
| | e's name | Spouse's soc | ial security nu | ımber |
| Par | Tax Return Information — Tax Year Ending December 31, 2022 (Ente | _ ∣ er year you a | re authoriz | zing.) |
| 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 | 62,243. |
| 2 | Total tax | | 2 | 6,458. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 8,278. |
| 4 | Amount you want refunded to you | | 4 | 1,820. |
| 5 | Amount you owe | | 5 | |
| Par | Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende | | | |
| return to sen for an Agent payme author payme busine taxes persor | nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abort (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transfer and my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rey delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the entry of my 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 terminatent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the neal identification number (PIN) below is my signature for the income tax return (original or amended) I onic Funds Withdrawal Consent. | mitter, or electro- ejection of the tr U.S. Treasury ar dicated in the ta cion to debit the te the authoriza quests must be e processing of payment. I furt | onic return or ansmission, and its design ax preparation entry to this ation. To rever received no the electror her acknowlession. | riginator (ERO) (b) the reason ated Financial in software for account. This oke (cancel) a polater than 2 pic payment of ledge that the |
| | ayer's PIN: check one box only | | | |
| | ▼ I authorize GLOBAL TAXES LLC to enter or generate | my PIN | 8 1 7 | as my |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | ř Ent | er five digits, i't enter all ze | but |
| | 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 met below. | | | |
| Your | signature ▶ Date ▶ | | | |
| Spau | se's PIN: check one box only | | | |
| Spou | | my DINI | | |
| L | I authorize to enter or generate to enter or generate | _ | er five digits. | as my |
| | signature on the income tax return (original or amended) I am now authorizing. | | 't enter all ze | |
| | 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 met below. | | | |
| Spou | se's signature ▶ Date ▶ | | | |
| | Practitioner PIN Method Returns Only—continue belov | v | | |
| Part | Certification and Authentication — Practitioner PIN Method Only | | | |
| ERO' | s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | | 6 3 1 ser all zeros | 9 8 9 |
| author | fy that the above numeric entry is my PIN, which is my signature for the electronic individual income rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sub ements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of | mitting this retu | rn in accord | lance with the |
| EDO' | s signature ▶ Date ▶ | | | |
| ENU | s signature ► Date ► ERO Must Retain This Form — See Instructions | | | |
| | LITO IVIUSI NEIGIII IIIIS FUITII — SEE IIISITUCIIOIIS | | | |

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–[| Dec. 31, 2022, or other tax year begin | nning | , 2022, | ending | , | 20 | See separate instructions. |
|-------------------------------------|---------|--|---------------|------------------------------------|-----------------------|---------------|---------------|-------------------------------|
| Filing Status | | | | | | | | ate 🗌 Trust |
| Check only one box. | | | | | · | | | |
| Your first name | e and | middle initial | Last na | ame | | | | entifying number ructions) |
| FNU | | | PRAJ | WALMANJUNATHA | | | 805- | 06-8171 |
| Home address | (num | ber and street). If you have a P.O. bo | ox, see ins | tructions. | | | • | Apt. no. |
| 273 BIG : | STAT | ION CAMP BOULEVARD | | | 2- | 310 | | |
| City, town, or p | oost o | ffice. If you have a foreign address, | also comp | lete spaces below. | | State | | ZIP code |
| GALLATIN | | | | | | TN | | 37066 |
| Foreign countr | y nam | e | Foreigi | n province/state/county | | Foreign | postal cod | de |
| Digital Asset | | ny time during 2022, did you: (a) receivise dispose of a digital asset (or a | | | | | | exchange, gift, or . Yes X No |
| Dependents | s | | | | | (4) Ch | eck the box | if qualifies for (see inst.): |
| (see instructions | | (1) First name Last nam | e | (2) Dependent's identifying number | (3) Relationship to y | ou Chi | ld tax credit | Credit for other dependents |
| If we are the section. | | | | | | | | |
| If more than fou dependents, see | | | | | | | | |
| instructions and | | | | | | | | |
| check here | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see i | nstructions) | | | . 1a | 70,480. |
| Effectively | b | Household employee wages not re | eported or | Form(s) W-2 | | | . 1b | |
| Connected | С | Tip income not reported on line 1a | ı (see instr | uctions) | | | . 1c | |
| With U.S. | d | Medicaid waiver payments not rep | | () | , | | | |
| Trade or | е | Taxable dependent care benefits f | rom Form | 2441, line 26 | | | . 1e | |
| Business | f | Employer-provided adoption bene | | · | | | . 1f | |
| 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 | | | | | | |
| 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 fr | om Sched | ule OI (Form 1040-NR), i | | | | |
| here. Also | | () | | | 1k | | | 70.400 |
| attach Form(s) | Z | Add lines 1a through 1h | 1 | 1 | | | . 1z | 70,480. |
| 1099-R if | 2a | • | 2a | | cable interest | | . 2b | |
| tax was | _ | _ | 3a | | dinary dividends . | | . 3b | |
| withheld. | 4a | - | 4a | | able amount | | | |
| If you did not get a Form | 5a | | 5a | | cable amount | | | |
| W-2, see | 6 | Reserved for future use | | | | | | |
| instructions. | 7 | Capital gain or (loss). Attach Sche | | 0.005 | | | | |
| | 8 | Other income from Schedule 1 (Fo Add lines 1z, 2b, 3b, 4b, 5b, 7, and | | | | | | -8,237. |
| | 9 | | u o. IIIIS IS | your total effectively c | onnected income | | . 9 | 62,243. |
| | 10 | Adjustments to income: From Schedule 1 (Form 1040), line | | | | | | |
| | a | | | | | | | |
| | b c | Reserved for future use Reserved for future use | | | | | | |
| | d | Enter the amount from line 10a. The | | | | | 104 | |
| | 11 | Subtract line 10d from line 9. This | • | = | | | | 62 242 |
| | 12 | Itemized deductions (from Sche | ard | 62,243. | | | | |
| | | deduction (see instructions) | | | | .US/India.Tre | aty 12 | 12,950. |
| | 13a | Qualified business income deduct | ion from F | orm 8995 or Form 8995- | -A . 13a | | | |
| | b | Exemptions for estates and trusts | only (see | instructions) | 13b | | | |
| | С | Add lines 13a and 13b | | | | | . 13c | |
| | 14 | | | | | | | 12,950. |
| | 15 | Subtract line 14 from line 11. If zer | o or less. | enter -0 This is vour ta | xable income | | . 15 | 49,293. |

| Tax and | 16 | Tax (see instructions). Check if an | y from Fo | rm(s): 1 | 314 2 [| 4972 | 3 | | | 16 | 6,458. |
|-------------------|----------------|--|-------------|---------------------|----------------|---------|---------|----------|---------------|----------|---------------------|
| Credits | 17 | Amount from Schedule 2 (Form | 1040), line | 3 | | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | | 18 | 6,458. |
| | 19 | Child tax credit or credit for other | r depende | ents from Sched | ule 8812 (Fo | orm 104 | -0) . | | | 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 | | | | | | | | 22 | 6,458. |
| | 23a | Tax on income not effectively co | nnected w | vith a U.S. trade | or business | from | | | | | |
| | | Schedule NEC (Form 1040-NR), | line 15 | | | | 23a | | | | |
| | b | Other taxes, including self-emplo | • | • | , | ,, | 001- | | | | |
| | | line 21 | | | | | 23b | | | - | |
| | C | Transportation tax (see instruction | , | | | _ | 23c | | | 004 | |
| | d | Add lines 23a through 23c | | | | | | | | 23d | |
| . | 24 | Add lines 22 and 23d. This is you | | x | <u> </u> | | · · | | | 24 | 6,458. |
| Payments | 25 | Federal income tax withheld from | | | | | 05- | 0 | 070 | | |
| | a | Form(s) W-2 | | | | | 25a | 8 | <u>,</u> 278. | - | |
| | b | Form(s) 1099 | | | | | 25b | | | - | |
| | C | Other forms (see instructions) . | | | | | 25c | | | 054 | 0 270 |
| | d | Add lines 25a through 25c | | | | | | | | 25d | 8,278. |
| | e | Form(s) 8805 | | | | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | | | 25g | |
| | 26 | 2022 estimated tax payments ar | | | | 1 | | | | 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 | | | | _ | 31 | .191 - | | - | |
| | 32 | Add lines 28, 29, and 31. These | - | | | | | | | 32 | 0.070 |
| D. (l | 33 | Add lines 25d, 25e, 25f, 25g, 26, | | • | | | | | | 33 | 8,278. |
| Refund | 34 | If line 33 is more than line 24, su | | | | | • | - | | 34 | 1,820. |
| Direct deposit? | 35a | Amount of line 34 you want refu | | | | | | | | 35a | 1,820. |
| See instructions. | | b Routing number 0 7 4 0 0 0 0 1 0 c Type: 🗵 Checking 🗆 Savings | | | | | | | Savings | | |
| | d | Account number 5 2 5 3 6 5 6 2 0 | | | | | | | | | |
| | е | antar it hara | | | | | s not s | nown on | page 1, | | |
| | 36 | Amount of line 34 you want app | | ur 2023 actimat | | | 36 | | | 1 | |
| ∧ mount | 37 | Subtract line 33 from line 24. Thi | | | | • | 00 | | | | |
| Amount You Owe | 01 | For details on how to pay, go to | | | | tions . | | | | 37 | |
| Tou Owe | 38 | Estimated tax penalty (see instru | | , | | 1 | 38 | | | 0. | |
| Third | | . , , | | | | | | Ye | s. Comp | lete bel | ow. 🗵 No |
| Party | - | Do you want to allow another person to discuss this return with the IRS? See instructions. L Yes. Comp Designee's Phone Personal identif | | | | | | | | | · |
| Designee | name | | | | | | | numbe | | Cation | |
| | | penalties of perjury, I declare that I have they are true, correct, and complete. Description | ve examine | d this return and a | | | | | | | |
| Sign | | | Colaration | | | • | a on an | mormatio | | | ent you an Identity |
| Here | Your signature | | | Date | Your occup | рацоп | | | | | PIN, enter it here |
| 11016 | | | | | CONSTRUCT | TION P | ROJECI | ENGINE | l l | inst.) | , |
| | Phone | e no. | | Email address | | | | | | - ' | |
| Paid | Prepa | rer's name | Preparer | 's signature | | | Date | | PTIN | | Check if: |
| | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | SYAM PF | RIYA RAM SAGAH | R GUPTA TA | ALLAM | 04/09 | /2023 | P02082 | 2703 | Self-employed |
| Preparer | | name GLOBAL TAXES | LLC | | | | | | Phone n | 0. (6 | 78)965-9522 |
| Use Only | Firm's | address 245 ROONEY C | | RUNSWICK N | T 08816 | | | | Firm's E | | 4-3171965 |

Form 1040-NR (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment

Department of the Treasury Internal Revenue Service

FNU PRAJWALMANJUNATHA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

| | Sequence No. 01 |
|-----------|---------------------|
| Your soci | ial security number |
| 805-06 | _0171 |

| Par | t I Additional Income | | | |
|--------|--|----------|----|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | | 5 | -8,237. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | - | |
| g | Alaska Permanent Fund dividends | 8g | - | |
| h | Jury duty pay | 8h | - | |
| ! | Prizes and awards | 8i | - | |
| j | Activity not engaged in for profit income | 8j | - | |
| k | Stock options | 8k | - | |
| ı | Income from the rental of personal property if you engaged in the rental | 01 | | |
| | for profit but were not in the business of renting such property | 81 | - | |
| m | Olympic and Paralympic medals and USOC prize money (see | 0 | | |
| - | instructions) | 8m 8n | - | |
| n o | Section 951A(a) inclusion (see instructions) | 80 | - | |
| g | Section 461(I) excess business loss adjustment | 8p | - | |
| q | Taxable distributions from an ABLE account (see instructions) | 8g | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form | OI . | - | |
| 3 | 1040, line 1a or 1d | 8s (| | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or |) | | |
| • | a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | | | | |
| | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR | | 10 | -8,237. |

Schedule 1 (Form 1040) 2022 Page **2**

| Par | t II Adjustments to Income | | |
|----------|---|--------|--|
| 11 | Educator expenses | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basin | | |
| | officials. Attach Form 2106 | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | 16 | |
| 17 | Self-employed health insurance deduction | 17 | |
| 18 | Penalty on early withdrawal of savings | 18 | |
| 19a | Alimony paid | 19a | |
| b | Recipient's SSN | | |
| С | Date of original divorce or separation agreement (see instructions): | | |
| 20 | IRA deduction | 20 | |
| 21 | Student loan interest deduction | 21 | |
| 22 | Reserved for future use | 22 | |
| 23 | Archer MSA deduction | 23 | |
| 24 | Other adjustments: | | |
| а | Jury duty pay (see instructions) | | |
| b | Deductible expenses related to income reported on line 8I from the | | |
| | rental of personal property engaged in for profit | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | |
| | and USOC prize money reported on line 8m | | |
| d | Reforestation amortization and expenses | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | |
| | Act of 1974 | | |
| f | Contributions to section 501(c)(18)(D) pension plans | | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | |
| | discrimination claims (see instructions) | - | |
| İ | Attorney fees and court costs you paid in connection with an award | | |
| | from the IRS for information you provided that helped the IRS detect tax law violations | | |
| | zan | | |
| j | Housing deduction from Form 2555 | - | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | |
| _ | 1041) | - | |
| Z | Other adjustments. List type and amount: | | |
| 25 | | 25 | |
| 25 26 | Total other adjustments. Add lines 24a through 24z | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Ent | 00 | |
| | Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | 26 | |

SCHEDULE NEC (Form 1040-NR)

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

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
FNU PRAJWALMANJUNATHA
805-06-8171
Enter amount of income under the appropriate rate of tax. See instructions.

| Nature of Income | | (a) 10% | (b) 15% | (c) 30% | (d) Other (specify) | | | | | |
|--|---|---------|--|----------------------------|---------------------|-----------------------------|------------------------|-------------------------|--|---|
| | Natare of moonie | | | (a) 1070 | (b) 1370 | (6) 50 70 | % | % | | |
| 1 | Dividends and divide | nd equ | uivalents: | | | | | | | |
| а | Dividends paid by U. | S. corp | porations | | 1a | | | | | |
| b | Dividends paid by fo | reign c | corporations | | 1b | | | | | |
| С | Dividend equivalent p | aymen | ts received with respect to section 871(m |) transactions | 1c | | | | | |
| 2 | Interest: | • | | | | | | | | |
| а | Mortgage | | | | 2a | | | | | |
| b | | | s | | 2b | | | | | |
| С | | | | | 2c | | | | | |
| 3 | | | , trademarks, etc.) | | 3 | | | | | |
| 4 | | | ight royalties | | 4 | | | | | |
| 5 | Other royalties (copy | rights, | recording, publishing, etc.) | | 5 | | | | | |
| 6 | Real property income | e and r | natural resources royalties | | 6 | | | | | |
| 7 | | | | | 7 | | | | | |
| 8 | | | | | 8 | | | | | |
| 9 | Capital gain from line | e 18 be | elow | | 9 | | | | | |
| 10 | Gambling—Resident If zero or less, enter | s of Ca | anada only. Enter net income in column | (c). | | | | | | |
| а | Winnings | | | | | | | | | |
| b | Losses | | | | 10c | | | | | |
| 11 | Gambling winnings – Note: Losses not allo | -Resid | ents of countries other than Canada. | | 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 busin | | ns (a) | through (d) of line 14 | . Enter the total here | and on Form 1040- | -NR, line 23a 15 | |
| | | | Capital Gains a | | | | | | | |
| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D | | 16 | (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acqu mm/dd/yyy | | (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). |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (Form 1 | ս4ս). property sales or | | | | | | | | | |
| exchan | ges that are effectively | | | | | | | <u> </u> | ļ | |
| on Sche | ted with a U.S. business edule D (Form 1040), | | | | | | | | <u>(</u>) | |
| | 797, or both. | 18 (| Capital gain. Combine columns (f) an | d (g) of line 17 | . Ente | er the net gain here | e and on line 9 abo | ove. If a loss, ente | r-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.

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Answer all questions. Sequence No. 7C Name shown on Form 1040-NR Your identifying number FNU PRAJWALMANJUNATHA 805-06-8171 Of what country or countries were you a citizen or national during the tax year? _INDIA Α In what country did you claim residence for tax purposes during the tax year? United States В С Have you ever applied to be a green card holder (lawful permanent resident) of the United States? Were you ever: X No Yes 1. A U.S. citizen? X No Yes If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. 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. Ε immigration status on the last day of the tax year. ____F1 X No F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? Yes If you answered "Yes," indicate the date and nature of the change: G 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, Date entered United States Date entered United States Date departed United States Date departed United States mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: н 2020 ______, 2021 ______, and 2022 ______365 ___. Ves X No Т If "Yes," give the latest year and form number you filed: X No Yes J If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a Yes No X No Κ Yes No If "Yes," did you use an alternative method to determine the source of this compensation? L 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. (b) Tax treaty article (a) Country (c) Number of months (d) Amount of exempt claimed in prior tax years income in current tax vear

- M 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

(e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?

If "Yes," attach a copy of the Competent Authority determination letter to your return.

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

Yes

No

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

| 2022 |
|--------------------------------------|
| Attachment Sequence No. 13 |

| Name(s |) shown on return | | | | | | Your soci | al securit | ty number |
|--------|--|-----------|----------|----------------|---------|----------------|-------------|------------|------------|
| FNU | PRAJWALMANJUNATHA | | | | | | 805-0 | 6-817 | 1 |
| Part | | | | • • | | | | | |
| | Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | πy, use | Scneaule | c . See | instruc | ctions. If you | are an indi | viduai, re | eport tarm |
| Α | Did you make any payments in 2022 that would require you | to file | Form(s) | 1099? S | See ins | tructions . | | . 🗆 ነ | res 🗵 No |
| | | | | | | | | | |
| 1a | Physical address of each property (street, city, state, ZII | | | | | | | | |
| A | B-503, AAREEL TOWER BHATTIPADA, BHANDUR | - Mi | UMBAI 1 | IN 400 | 0078 | | | | |
| В | | | | | | | | | |
| С | | | | | | | | | |
| 1b | Type of Property 2 For each rental real estate prope | erty lis | ted | | Fa | ir Rental | Persor | nal Use | O IV |
| | (from list below) above, report the number of fair | rental | and | | | Days | Da | ays | QJV |
| Α | g personal use days. Check the Q | | | Α | | 365 | | 0 | |
| В | if you meet the requirements to find qualified joint venture. See instru | | | В | | | | | |
| C | qualified joint venture. Ode instite | action is | J. | С | | | | | |
| | of Property: | | | | | | | | |
| | Single Family Residence 3 Vacation/Short-Term Ren | ıtal | 5 Lanc | - | | Self-Rental | | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Roya | alties | 8 | Other (desc | ribe) | | |
| | | | | | | Propert | | | |
| Incon | ne: | | | Α | | В | | | С |
| 3 | Rents received | 3 | | 6 | 58. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Expe | | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 2,1 | 42. | | | | |
| 8 | Commissions | 8 | | | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 1,2 | 41. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 2,3 | | | | | |
| 15 | Supplies | 15 | | 1,3 | 21. | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | | 1,8 | 90. | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | |
| 19 | Other (list) | 19 | | 0 0 | ٥٦ | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 8,8 | 95. | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must | | | | | | | | |
| | file Form 6198 | 21 | | -8,2 | 37 | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | 21 | | 0/2 | 37. | | | | |
| 22 | on Form 8582 (see instructions) | 22 | (| -8, 23 | 7.) | |) | (| |
| 23a | Total of all amounts reported on line 3 for all rental prope | erties | | | 23a | | 658. | | |
| b | Total of all amounts reported on line 4 for all royalty prop | erties | | | 23b | | | | |
| С | Total of all amounts reported on line 12 for all properties | | | | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | | 8,895. | | |
| 24 | Income. Add positive amounts shown on line 21. Do no | | - | | | | . 24 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real esta- | | | | | | | (| 8,237. |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | | | |
| | here. If Parts II, III, IV, and line 40 on page 2 do not | apply | ιο you, | aiso er | iter th | is aitiount (| ווט | 1 | |

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26

-8,237.

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

FNU PRAJWALMANJUNATHA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 805-06-8171

| beroi | re you begin: Complete Form 6653, Archer MSAs and Long-Term Care insurance Contracts, in | requ | irea. |
|-------|--|--------|--------------------------|
| Part | HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for | | |
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. | | |
| | See instructions | X Se | lf-only \square Family |
| 2 | HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | 0. |
| 3 | If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter | 3 | 3,650. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs | 4 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0 | 5 | 3 , 650. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2022, see the instructions for the amount to enter | 6 | 3,650. |
| 7 | If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions. | 7 | 0. |
| 8 | Add lines 6 and 7 | 8 | 3,650. |
| 9 | Employer contributions made to your HSAs for 2022 | | |
| 10 | Qualified HSA funding distributions | | |
| 11 | Add lines 9 and 10 | 11 | 1,530. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0 | 12 | 2,120. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 | 13 | 0. |
| | Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | | |
| Part | a separate Part II for each spouse. | rate l | HSAs, complete |
| 14a | Total distributions you received in 2022 from all HSAs (see instructions) | 14a | |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b | |
| С | Subtract line 14b from line 14a | 14c | |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b | |
| Part | Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse. | ons b | |
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 | |

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA