## 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

Internal Nevertue Service			
Submission Identification Number (SID)			
Taxpayer's name	Social securi	ty number	
GOPICHAND TATIKOLU	500-99	-8973	
Spouse's name	Spouse's so	cial security numbe	r
Part I Tou Potum Information Tou Voor Ending Possmbor 24	00 (Frater veer vee		
	22 (Enter year you a	ire authorizing	.)
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		<b>1</b>   11	L <b>,</b> 932.
2 Total tax		2	0.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	818.
4 Amount you want refunded to you		4	818.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you	get and keep a cop	y of your retu	ırn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in return (original or amended) I am now authorizing. I consent to allow my intermediate service provi to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reafor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent apayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cance business days prior to the payment (settlement) date. I also authorize the financial institutions involves to receive confidential information necessary to answer inquiries and resolve issues relate personal identification number (PIN) below is my signature for the income tax return (original or an Electronic Funds Withdrawal Consent.	Part I above are the amder, transmitter, or electrason for rejection of the torize the U.S. Treasury account indicated in the total institution to debit the total transmitter the authorizellation requests must be olded in the processing of ed to the payment. I fur	ounts from the in onic return original ransmission, (b) that its designated ax preparation so entry to this account of the control of the entry to the control of the entry to the preceived no late the electronic pether acknowledge.	ncome tax ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the
Taxpayer's PIN: check one box only			ı
	generate my PIN	8 9 7 3	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ĕn	ter five digits, but n't enter all zeros	ao my
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN <b>and</b> your return is filed using the Practitioner below.			
Your signature ▶	Date ►		
Spouse's PIN: check one box only			
	generate my PIN		as my
ERO firm name	• _	ter five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.		n't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN <b>and</b> your return is filed using the Practitioner below.			
Spouse's signature ▶	Date ►		
Practitioner PIN Method Returns Only—contin	ue below		
Part III Certification and Authentication — Practitioner PIN Method Only	1		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't ent	6 3 1 9 8 ter all zeros	8 9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Properties.	I am submitting this ret	urn in accordance	
ERO's signature ▶	Date ►		
ERO Must Retain This Form — See Instru			
Don't Submit This Form to the IRS Unless Reques	sted 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		•	ng surviving spouse	. ,		tate	☐ Trust
Check only	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:		
one box.									
Your first name	e and	middle initial	Last na	ame			Your id		ng number
GOPICHAN	D		TATI	KOLU			500-	99-8	973
Home address	(num	ber and street). If you have a P.O. box	, see ins	structions.					Apt. no.
1019 E U	NIVE	RSITY DR							
City, town, or I	oost o	ffice. If you have a foreign address, al	so comp	olete spaces below.		State		ZIP co	de
TEMPE						AZ		8528	1
Foreign countr	y nam	e	Foreig	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,		
Dependent	s					(4) Ch	eck the box	cif qualif	ies for (see inst.):
(see instructions		(1) First name Last name		(2) Dependent's identifying number	(3) Relationship to yo	Chi	ld tax credi	edit Credit for other	
		(1) First Hame Last Hame		lacitalying namber	(3) Nelationship to yo	ou			dependents
If more than fou									
dependents, se							$\dashv$		
instructions and check here							$\exists$		
Income	1a	Total amount from Form(s) W-2, box	(1 (see i	instructions)			. 1a	T	11,932.
Effectively	b	Household employee wages not rep							
Connected	С	Tip income not reported on line 1a (							
With U.S.	d	Medicaid waiver payments not repo							
Trade or	е	Taxable dependent care benefits fro		` '	,		. 1e		
Business	f	Employer-provided adoption benefit					. 1f		
	g	Wages from Form 8919, line 6					. 1g		
Attach Form(s) W-2,	h	Other earned income (see instructio	ns) .				. 1h		
1042-S,	i	Reserved for future use							
SSA-1042-S,	j	Reserved for future use					. <u>1j</u>		
RRB-1042-S, and 8288-A	k	Total income exempt by a treaty from	n Sched	Iule OI (Form 1040-NR), i	tem L,				
here. Also		line 1(e)			1k				
attach	Z	Add lines 1a through 1h					. 1z		11,932.
Form(s) 1099-R if	<b>2</b> a	Tax-exempt interest 2a			able interest				
tax was	3a	Qualified dividends 3a	a		linary dividends .				
withheld.	4a	IRA distributions 4a			able amount				
If you did not get a Form	5a	Pensions and annuities 5a			able amount		. 5b		
W-2, see	6	Reserved for future use					. 6		
instructions.	7	Capital gain or (loss). Attach Schedu							
	8	Other income from Schedule 1 (Form Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8	,.						11 020
	9 10		o. 1116 ls	s your <b>total effectively c</b>	omecied income		. 9		11,932.
	10 a	Adjustments to income: From Schedule 1 (Form 1040), line 2	96		10a				
	a b	Reserved for future use							
	C	Reserved for future use							
	d	Enter the amount from line 10a. The					. 10d		
	11	Subtract line 10d from line 9. This is							11,932.
	12	Itemized deductions (from Schedu	-						<u> </u>
		deduction (see instructions)	•	**		.US/India.Tre			12,950.
	13a	Qualified business income deductio			1 1				,,,,,,,
	b	Exemptions for estates and trusts o							
	С	Add lines 13a and 13b					. 13c		
	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		0.

Tax and	16	Tax (see instructions). Check if any	from For	m(s): <b>1</b>	8814 <b>2</b>	497	2 <b>3</b>			16	(	0.
Credits	17	Amount from Schedule 2 (Form 10	40), line	3						17		0.
	18	Add lines 16 and 17								18		0.
	19	Child tax credit or credit for other of	depende	ents from Sche	dule 8812 (F	orm 10	40) .			19		
	20	Amount from Schedule 3 (Form 10	40), line	8						20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18. If zero	o or less	s, enter -0						22		0.
	23a	Tax on income not effectively conn	ected w	rith a U.S. trade	or business	s from						
		Schedule NEC (Form 1040-NR), lin	e 15 .				23a					
	b	Other taxes, including self-employ	ment tax	x, from Schedu	ile 2 (Form	1040),						
		line 21					23b					
	С	Transportation tax (see instructions	s)				23c					
	d	Add lines 23a through 23c								23d		
	24	Add lines 22 and 23d. This is your	total tax	x						24	(	0.
Payments	25	Federal income tax withheld from:										
	а	Form(s) W-2					25a		818.			
	b	Form(s) 1099					25b					
	С	Other forms (see instructions) .					25c					
	d	Add lines 25a through 25c								25d	818	8.
	е	Form(s) 8805								25e		
	f	Form(s) 8288-A								25f		
	g	Form(s) 1042-S								25g		
	26	2022 estimated tax payments and								26		
	27	Reserved for future use		• •			27					
	28	Additional child tax credit from Sch					28			-		
	29	Credit for amount paid with Form		`	,		29			-		
	30	Reserved for future use					30					
	31	Amount from Schedule 3 (Form 10					31			-		
	32	Add lines 28, 29, and 31. These are					-	edits		32		
	33	Add lines 25d, 25e, 25f, 25g, 26, a	-							33	818	8
Refund	34	If line 33 is more than line 24, subt		-						34	818	
neiuliu	35a						•	-		35a	818	
Direct deposit?	b										010	•
See instructions.	d											
	e	If you want your refund check mai			do the Unit	ad State	oc not c	i	page 1			
	C	antar it hara						SHOWIT OIT	page 1,			
	36	Amount of line 34 you want applie		ır 2023 aetima			36			-		
∧ mount	37	Subtract line 33 from line 24. This					00					
Amount You Owe	01	For details on how to pay, go to wi				ctions .				37		
I ou owe	38	Estimated tax penalty (see instruct	•	,			38			0,		
Third		u want to allow another person to d						□ Ve	s. Compl	ete hel	ow. 🗵 No	
Party	Design	·	100000 11	Phon		o monar	0110110.		nal identifi		J	
Designee	name				<del>C</del>			numbe		Callon		$\Box$
3		penalties of perjury, I declare that I have			accompanyin	a schedu	les and		` '	e best of	f my knowledge ar	<u></u>
		they are true, correct, and complete. Dec										
Sign	Yours	signature	I	Date	Your occ	upation			If the	e IRS se	ent you an Identi	ity
Here						•			Prot	ection <u>F</u>	PIN, enter it here	<u> </u>
					STUDE	NT			(see	inst.)		
	Phone	·		Email address	i							
Paid	Prepa	rer's name	reparer'	s signature			Date		PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM S	SYAM PR	IYA RAM SAGA	R GUPTA I	TALLAM	04/1	1/2023	P02082	2703	Self-employ	yed
Use Only	Firm's	name GLOBAL TAXES LI	LC						Phone n	o. (67	78)965-952	.2_
USE OILLY	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E								IN 8	4-3171965		

Form 1040-NR (2022)

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#### **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.

2022
Attachment Sequence No. <b>7B</b>

OMB No. 1545-0074

Name shown on Form 1040-NR GOPICHAND TATIKOLU Your identifying number 500-99-8973

<u>⊨nter</u> a	imount of income und	er the a	appropriate rate of tax. See instructions.				_			
	Nature of Income				(a) 10%	<b>(b)</b> 15%	(c) 30%	(d) Other (specify)		
	D: : 1								%	%
1	Dividends and divide									
a	Dividends paid by U.		•		1a					
b		_	corporations		1b					
С		aymen	its received with respect to section 871(m) tr	ansactions	1c					
2	Interest:									
a					2a					
b			ns		2b					
С					2c					
3			, trademarks, etc.)		3					
4	•		ight royalties		4					
5			recording, publishing, etc.)		5					
6			natural resources royalties		6					
7					7					
8	•				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 – Note: Losses not allo	-Resid	lents of countries other than Canada.		11					
12	Other (specify):									
					12					
13	Add lines 1a through	12 in	columns (a) through (d)		13					
14			tax at top of each column		14					
15	Tax on income not e	ffectiv	ely connected with a U.S. trade or busines						-NR, line 23a <b>15</b>	
			Capital Gains and	d Losses F	rom	Sales or Excha	anges of Proper	ty		
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not		16	(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	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).
	effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real									
or loss										
property interest; report these gains and losses on Schedule D										
(Form 1	040).									
	property sales or ges that are effectively									
connec	ted with a U.S. business								( )	
on Schedule D (Form 1040), Form 4797, or both.		18	Capital gain. Combine columns (f) and (	(g) of line 17	7. Ente	er the net gain he	re and on line 9 ab	ove. If a loss, ente	er -0 <b>18</b>	

#### **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 Sequence No. **7C** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Answer all questions.

Nam	ne sh	nown on Form 1040-NR				Your identifying	number				
GC	PI	CHAND TATIKOLU				500-99-89	73				
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 permanent resident) of the United States?									
D		Were you ever:         A U.S. citizen?									
		A U.S. citizen?									
	2.			∐ Yes	⊠ No						
_		If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.									
Ε		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 vill f you answered "Yes," indicate	isa type (nonimmigrant sta	tus) or U.S. immig	gration status?		∐ Yes	⊠ No			
G		List all dates you entered and I	eft the United States durin	g 2022. See instru	uctions.						
		Note: If you're a resident of C	anada or Mexico AND cor	nmute to work in	the United States at frequency						
		check the box for Canada or	·			☐ Mexico					
		Date entered United States mm/dd/yy	Date departed United State mm/dd/yy	es	Date entered United State mm/dd/yy		rted United nm/dd/yy	d States			
		ППП/СССЛУУ	ППЛаалуу		ППП/СССТУУ	- ''	iiii/dd/yy				
н		Give number of days (including	vacation, nonworkdays, and	ـــــا d partial days) you	were present in the United	States during:					
		2020									
I		Did you file a U.S. income tax if "Yes," give the latest year an	return for any prior year?.				X Yes	□No			
J		Are you filing a return for a trus	st?				Yes	⊠ No			
		If "Yes," did the trust have a U.S. person, or receive a contr	J.S. or foreign owner unde	r the grantor trus	t rules, make a distributior	or loan to a	☐ Yes	□No			
K		Did you receive total compensation	·				☐ Yes	⊠ No			
		If "Yes," did you use an alterna	ative method to determine t	the source of this	compensation?		☐ Yes	☐ No			
L		Income Exempt From Tax—If complete (1) through (3) below				tax treaty with	a foreign	country,			
	1.	Enter the name of the country, amount of exempt income in the				claimed the tre	aty benefi	t, and the			
		(a) Cour	ntry	(b) Tax treaty art	ths (d) Amount of exempt income in current tax year						
		(e) Total. Enter this amount or	n Form 1040-NR. line 1k. D	o not enter it anv	where else on line 1						
	2.	Were you subject to tax in a fo		•			☐ Yes	□No			
		Are you claiming treaty benefits					Yes	⊠ No			
		If "Yes," attach a copy of the C		-							
М		Check the applicable box if:									
	1.	This is the first year you are may with a U.S. trade or business u									
	2.	You have made an election in States as effectively connected									