IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

Тахрау	er's name	Social security number			
RAM	YA DONTHI	772-99	-708	7	
Spouse	's name	Spouse's soo	cial secu	urity number	
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	year you a	ire aut	thorizing.)	
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	39,550.	
2	Total tax		2	2,990.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	5,561.	
4	Amount you want refunded to you		4	2,571.	
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

				FBO firm name		Er
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	_
			-			19

	9	7	0	8	7	as				
Enter five digits, but don't enter all zeros										

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

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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 E	ate					 		
Practitioner PIN Method Returns Only—continue	bel	ow						
Part III 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	 	 	3 all zer	 9	8 9	3

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 03/24/23 PRO	Form 8879 (Rev. 01-2021)

E1040)-	NR Department of the Treasury-Inter U.S. Nonresident Al	nal Rever	nue Service COME Tax R	eturn	2022	OMB No	o. 1545	-0074		e Only—Do not write aple in this space.
		Dec. 31, 2022, or other tax year beginr	ning, 2022, end			••	, 20				See separate instructions.
Filing Status Check only one box.		Single Married filing separation of the Single Single Source of the Single Source of the Single Source of the Single Sing	ild's nan	ne if the qualifying	person i		your de	pende	Est nt:		Trust
Your first name	and	middle initial	Last na	ame							ying number
								(see ins	truction	ons)
RAMYA			DONT						772-	99-	7087
	`	nber and street). If you have a P.O. box	, see ins	structions.							Apt. no.
1414 ASH	-										
City, town, or p	oost o	office. If you have a foreign address, al	so comp	lete spaces belov	/.		State	;		ZIP c	
DUNWOODY							GA			303	38
Foreign countr	y nar	ne	Foreig	n province/state/c	ounty		Forei	gn po	stal co	de	
	1.										
Digital Assets	S At a	any time during 2022, did you: (a) rece herwise dispose of a digital asset (or a	ive (as a financial	reward, award, or interest in a digita	paymer	t for property or	services	s); or (l	o) sell, (excha	ange, gift, or
Demondont	-		maneia		1 43301):						alifies for (see inst.):
Dependents (see instructions)				(2) Dependent	's		(4		Í		Credit for other
	·	(1) First name Last name		identifying num	ber	(3) Relationship to	you	Child 1	ax cred	t	dependents
lf we are the set for a											
If more than four dependents, see											
instructions and											
check here											
Income	1 a	Total amount from Form(s) W-2, box	•	,					1a	_	39,550.
Effectively	b	Household employee wages not rep							1b		
Connected	С	Tip income not reported on line 1a (1c	_	
With U.S.	d	Medicaid waiver payments not repo							1d		
Trade or	e	Taxable dependent care benefits fro		-					1e		
Business	f	Employer-provided adoption benefit							1f		
Attach	g	Wages from Form 8919, line 6							1g	_	
Form(s) W-2,	h :	Other earned income (see instructio							1h		
1042-S, SSA-1042-S.	i :	Reserved for future use							4:		
RRB-1042-S,	J k					1 1	• •	• •	1j		
and 8288-A	ĸ	line 1(e)									
here. Also attach	z	Add lines 1a through 1h				· · · · · ·			1z	1	39,550.
Form(s)	2a	Tax-exempt interest 2	1			ble interest			2b	+	
1099-R if tax was		Qualified dividends 3				ary dividends .			3b		
withheld.	4a	IRA distributions 44				ble amount			4b		
If you did not	5a	Pensions and annuities 5a				ble amount			5b		
get a Form	6	Reserved for future use							6		
W-2, see instructions.	7	Capital gain or (loss). Attach Schedu	ule D (Fo	rm 1040) if require	d. If not	required, check	here .	. 🗆	7		
	8	Other income from Schedule 1 (Forr	n 1040),	line 10					8		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and	8. This is	s your total effect	ively co	nnected income			9		39 , 550.
	10	Adjustments to income:									
	а	From Schedule 1 (Form 1040), line 2	26			. 10a					
	b	Reserved for future use				. 10b					
	С	Reserved for future use									
	d	Enter the amount from line 10a. The	-						10d		
	11	Subtract line 10d from line 9. This is	-						11		39,550.
	12	Itemized deductions (from Schedu	•								
		deduction (see instructions)				1 1	dn US/Indi	a.Treaty	12	-	12,950.
	13a	Qualified business income deduction from Form 8995 or Form 8995-A . 13a									
	b	Exemptions for estates and trusts o		,		L					
	C 4 A							13c		10 050	
	14 15								14		12,950.
	15	Subtract line 14 from line 11. If zero							15		26,600.

Form 1040-NR (2022)					Page 2			
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 28814 2 497	72 3		16	2,990.			
Credits	17	Amount from Schedule 2 (Form 1040), line 3			17	0.			
	18	Add lines 16 and 17			18	2,990.			
	19	Child tax credit or credit for other dependents from Schedule 8812 (Form 10	040)		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, enter -0			22	2,990.			
	23a	Tax on income not effectively connected with a U.S. trade or business from							
		Schedule NEC (Form 1040-NR), line 15	23a						
	b	Other taxes, including self-employment tax, from Schedule 2 (Form 1040),							
		line 21	23b						
	С	Transportation tax (see instructions)	23c						
	d	Add lines 23a through 23c			23d				
	24	Add lines 22 and 23d. This is your total tax			24	2,990.			
Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2		5,561.					
	b	Form(s) 1099	25b						
	C	Other forms (see instructions)	25c						
	d	Add lines 25a through 25c		1	25d	5,561.			
	e	Form(s) 8805			25e				
	f	Form(s) 8288-A			25f				
	g	Form(s) 1042-S		1	25g				
	26	2022 estimated tax payments and amount applied from 2021 return			26				
	27	Reserved for future use	27						
	28	Additional child tax credit from Schedule 8812 (Form 1040)	28						
	29 20	Credit for amount paid with Form 1040-C	29						
	30	Reserved for future use	30 31						
	31 32	Amount from Schedule 3 (Form 1040), line 15			32				
	32 33	Add lines 25, 25, and 31. These are your total ourer payments and returns. Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments		t	32	5,561.			
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount			34	2,571.			
neiuliu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, che	•	t	35a	2,571.			
Direct deposit?	b	Routing number $\begin{vmatrix} 0 & 4 & 4 & 0 & 0 & 0 & 3 & 7 \end{vmatrix}$ c Type:		Savings	oou	2/0/11.			
See instructions.	ď	Account number 6 9 7 7 5 2 1 5 9		ouvingo					
	e	If you want your refund check mailed to an address outside the United Stat	es not shown on	nage 1					
	C	enter it here.							
	36	Amount of line 34 you want applied to your 2023 estimated tax	36						
Amount	37	Subtract line 33 from line 24. This is the amount you owe .							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions .			37				
	38	Estimated tax penalty (see instructions)	38						
Third	Do yo	ou want to allow another person to discuss this return with the IRS? See instru	ictions.	es. Comple	ete below.	🛛 No			
Party	Desig	nee's Phone	Persor	nal identific	cation				
Designee	name			er (PIN)					
		penalties of perjury, I declare that I have examined this return and accompanying sched							
Sign		they are true, correct, and complete. Declaration of preparer (other than taxpayer) is bas			•				
-	Your	signature Date Your occupation	1		ection PIN, e	ou an Identity			
Here		SOFTWARE E	NGINEER	(see i					
	Phone			(- /				
Doid		arer's name Preparer's signature	Date	PTIN	Cheo	ok if:			
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM	04/11/2023	P02082		Self-employed			
Preparer		s name GLOBAL TAXES LLC		965-9522					
Use Only		s address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no Firm's Ell		171965			
Go to www.irs.	w.irs.gov/Form1040NR for instructions and the latest information. REV 03/24/23 PRO								

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.



N

Your identifying number

772-99-7087

Name show	n on Form 1040-NR	
RAMYA	DONTHI	

Enter	amount of income und	er the	appropriate rate of tax. See instructions.		,					
			Nature of Income			(a) 10%	(b) 15%	(c) 30%		r (specify)
					_		(),	(1)	%	%
1	Dividends and divide		•							
а	Dividends paid by U.				1a					
b		-	corporations		1b					
С	Dividend equivalent p	Dividend equivalent payments received with respect to section 871(m) transactions								
2	Interest:									
а					2a					
b	Paid by foreign corp	oratio	ns		2b					
С	Other				2c					
3	Industrial royalties (p	atent	s, trademarks, etc.)		3					
4	Motion picture or TV	сору	right royalties		4					
5	Other royalties (copy	rights	, recording, publishing, etc.)		5					
6	Real property incom	e and	natural resources royalties		6					
7	Pensions and annuit	ies .			7					
8	Social security benef	fits .			8					
9			elow		9					
10	Gambling-Resident	is of C r -0	Canada only. Enter net income in column (c).						
а	Winnings									
b	Losses				10c					
11	Note: Losses not allo	owed	dents of countries other than Canada.		11					
12	Other (specify):									
					12					
13	•		columns (a) through (d)		13					
14			f tax at top of each column		14					
15	Tax on income not e	ffectiv	vely connected with a U.S. trade or busine						0-NR, line 23a 15	
			Capital Gains an	Id Losses	From	Sales or Excha	anges of Proper	У		1
losses exchan within t	nly the capital gains and from property sales or ges that are from sources the United States and not	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acq mm/dd/yy		(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).
	vely connected with a U.S. ss. Do not include a gain									
or loss	on disposing of a U.S. real ty interest; report these									
gains a	nd losses on Schedule D									
(Form 1										
exchan	property sales or ges that are effectively									
	eted with a U.S. business edule D (Form 1040),	17	Add columns (f) and (g) of line 16 .					17		
	1797, or both.	18	Capital gain. Combine columns (f) and	l (g) of line 1	7. Ente	r the net gain her	re and on line 9 abo	ve. If a loss, ent	er -0 18	
				_						

SCHE	DULE	0
(Form	1040-1	NR)

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	DULE OI		Othe	r Information			OMB No. 15	45-0074		
(Form	1040-NR)	Go t	to www.irs.gov/Form1040N	R for instructions and	the latest information		20)2		
	ent of the Treasury			h to Form 1040-NR.			Attachment			
	Revenue Service hown on Form 1040		Ans	wer all questions.		Maria da astic	Sequence N	o. /C		
		FNR				Your identify	•			
	A DONTHI					772-99				
A			vere you a citizen or nation residence for tax purpose) Todia					
B C			green card holder (lawful p	• •						
D	Were you ever:	• •	green card holder (lawidi p	Sermanent residenty of	the Onited States: .		. 🔤 163			
_	A U.S. citizen?						. Yes	No		
	A green card ho			No						
	•	· ·	2), see Pub. 519, chapter 4,							
Е	-		day of the tax year, enter			nter your U.S	5.			
			day of the tax year. <u>F1</u>							
F			visa type (nonimmigrant sta	tus) or U.S. immigratio	on status?		. 🗌 Yes	🛛 No		
-	-		te the date and nature of th							
G	,		left the United States durin	0						
			Canada or Mexico AND cor r Mexico and skip to item H			ient interval				
		United States			ate entered United State		Date departed United Stat			
	mm/d		Date departed United Stat mm/dd/yy		mm/dd/yy	Date d	mm/dd/yy	u States		
			,,,		,,,		,,,			
н			vacation, nonworkdays, and				g:			
I	Did you file a U If "Yes," give th	.S. income tax le latest year ar	return for any prior year? . nd form number you filed:					🗙 No		
J	Are you filing a	return for a tru	st?				. 🗌 Yes	🗙 No		
			U.S. or foreign owner under ribution from a U.S. person					No		
Κ	Did you receive	total compens	sation of \$250,000 or more	during the tax year? .			. 🗌 Yes	X No		
	If "Yes," did yo	u use an altern	ative method to determine	the source of this corr	pensation?		. 🗌 Yes	No		
L			f you are claiming exempt See Pub. 901 for more in			tax treaty v	vith a foreigr	ı country,		
1.			the applicable tax treaty and the columns below. Attach For			claimed the	e treaty benefi	t, and the		
		(a) Cou	intry	(b) Tax treaty article	(c) Number of month claimed in prior tax ye		Amount of ex ne in current t			
0			n Form 1040-NR, line 1k. D preign country on any of the				. 🗌 Yes	No		
			ts pursuant to a Competen				Yes			
5.	-		Competent Authority deterr	-			. 🗆 163			

- Μ 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
 - 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

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR.