8879 Form

(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

| Submission Identification Number (SID) | | | | | | |
|--|--|--|--|--|--|--|
| Taxpayer's name | Social security | y number | | | | |
| LAVEENA ROCHIRAMANI | 894-73- | 894-73-3761 | | | | |
| Spouse's name | Spouse's soci | Spouse's social security number | | | | |
| Part I Tax Return Information — Tax Year Ending December 31, 2022 (E | nter year you ar | re 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 | - | 1 5,586. | | | | |
| 2 Total tax | | 2 0. | | | | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | - | 3 31. | | | | |
| 4 Amount you want refunded to you | | 4 31. | | | | |
| 5 Amount you owe | | 5 | | | | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer | | | | | | |
| return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoun payment 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 term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent. | or rejection of the trace the U.S. Treasury and it indicated in the tate titution to debit the initiate the authorization requests must be in the processing of the payment. I further | ansmission, (b) the reason of its designated Financial or preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the racknowledge that the | | | | |
| Taxpayer's PIN: check one box only | | | | | | |
| ▼ I authorize GLOBAL TAXES LLC to enter or gener | rate my PIN | 3 7 6 1 as my | | | | |
| ERO firm name signature on the income tax return (original or amended) I am now authorizing. | | er five digits, but 't enter all zeros | | | | |
| I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below. | | | | | | |
| Your signature ▶ Date | | | | | | |
| Occurred BIN shorts are however | | | | | | |
| Spouse's PIN: check one box only | DINI | | | | | |
| I authorize to enter or gener | | er five digits, but | | | | |
| signature on the income tax return (original or amended) I am now authorizing. | | 't enter all zeros | | | | |
| I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below. | | | | | | |
| Spouse's signature ▶ Date | > | | | | | |
| Practitioner PIN Method Returns Only—continue be | elow | | | | | |
| 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 4 9 6 Don't ente | 6 3 1 9 8 9 er all zeros | | | | |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incorauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers | submitting this retur | rn in accordance with the | | | | |
| ERO's signature ▶ Date | • | | | | | |
| ERO Must Retain This Form — See Instruction | | | | | | |

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040-NR 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 | ning | , 2022, | ending | | 20 | | e separate structions. |
|-----------------------------|---------|--|------------|------------------------------------|------------------------|-----------------------------|------------------|-----------------------|---------------------------|
| Filing Status | | Single | | | ng surviving spouse | | ☐ Est | ate | ☐ Trust |
| Check only one box. | | you checked the QSS box, enter the ch | IIIa's nan | ne if the qualifying persor | is a child but not yo | our deper | ident: | | |
| | | | | | | Your ide | | g number s) | |
| LAVEENA | | | ROCH | IRAMANI | | | 894- | 73-37 | 761 |
| Home address | (num | ber and street). If you have a P.O. box | , see ins | structions. | | | | | Apt. no. |
| 250 CENTE | RAL | AVE NEWARK | | | 10 | 9 | | | |
| City, town, or p | ost o | ffice. If you have a foreign address, al | so comp | lete spaces below. | | State | | ZIP cod | de |
| NEWARK | | | | | | NJ | | 07103 | 3 |
| Foreign countr | y nam | е | Foreig | n province/state/county | | Foreign | postal cod | de | |
| Digital Assets | | ny time during 2022, did you: (a) rece erwise dispose of a digital asset (or a | | | | | or (b) sell, e | | |
| Dependents | 3 | | | | | (4) Ch | eck the box | if qualifie | es for (see inst.): |
| (see instructions) | - 1 | (1) First name Last name | | (2) Dependent's identifying number | (3) Relationship to yo | Chi | Child tax credit | | redit for other |
| | | (1) First name Last name | | identifying number | (3) Relationship to yo | ou | | | dependents |
| If more than fou | | | | | | | - | | |
| dependents, see | | | | | | | | | |
| instructions and check here | | | | | | \dashv | | | |
| Income | 1a | Total amount from Form(s) W-2, box | , 1 (coo i | netructions) | | | . 1a | | 5 , 586. |
| Effectively | b | Household employee wages not rep | | | | | . 1b | | |
| Connected | c | Tip income not reported on line 1a (| | | | | | | |
| With U.S. | d | Medicaid waiver payments not repo | | | | | . 1d | | |
| Trade or | e | Taxable dependent care benefits from | | | | | . 1e | | |
| Business | f | · | | | | | . 1f | | |
| Dusiness | g | | | | | | | | |
| Attach | h | Other earned income (see instruction | | | | | | | |
| Form(s) W-2, 1042-S, | i | Reserved for future use | | | | | | | |
| SSA-1042-S, | j | Reserved for future use | | | | | . 1j | | |
| RRB-1042-S, and 8288-A | k | Total income exempt by a treaty from | | | tem L, | | | | |
| here. Also | | line 1(e) | | | 1k | | | | |
| attach | z | Add lines 1a through 1h | | | | | . 1z | | 5,586. |
| Form(s) 1099-R if | 2a | Tax-exempt interest 2a | а | b Tax | able interest | | . 2b | | |
| tax was | 3a | Qualified dividends 3 | a | b Ord | dinary dividends . | | . 3b | | |
| withheld. | 4a | IRA distributions 4 | а | b Tax | able amount | | . 4b | | |
| If you did not | 5a | Pensions and annuities 5 | | | able amount | | | | |
| get a Form W-2, see | 6 | | | | | | | | |
| instructions. | 7 | | | | | | | | |
| | 8 | , | | | | | | | |
| | 9 | | 8. This is | s your total effectively c | onnected income | | . 9 | | 5,586. |
| | 10 | Adjustments to income: | | | | | | | |
| | a | From Schedule 1 (Form 1040), line 2 | | | | | | | |
| | b | Reserved for future use | | | | | | | |
| | C | Reserved for future use | . 10d | | | | | | |
| | | d Enter the amount from line 10a. These are your total adjustments to income | | | | | | | |
| | | Subtract line 10d from line 9. This is your adjusted gross income Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard | | | | | | | 5,586. |
| | 12 | deduction (see instructions) | | | | ua, standa .US/India.Tre | | _ | 12,950. |
| | 13a | Qualified business income deductio | | | | | | | |
| | b | Exemptions for estates and trusts o | | | - | | | | |
| | C | Add lines 13a and 13b | | | | | | | |
| | 14 | | | | | | | | 12,950. |
| | 15 | Subtract line 14 from line 11. If zero | or less, | enter -u This is your ta x | xable income . | | . 15 | | 0. |

BAA

| Tax and | 16 | Tax (see instructions). Check if an | y from For | m(s): 1 88 | 314 2 🗌 4 | 972 | 3 🗌 | | 16 | 0. |
|---------------------------------------|---|---|----------------------|---|------------------|--------------|----------|---------|---------------------|--------------------|
| Credits | 17 | Amount from Schedule 2 (Form 1 | • | . , | | | | | 17 | 0. |
| o i odito | 18 | Add lines 16 and 17 | | | | | | | 18 | 0. |
| | 19 | Child tax credit or credit for othe | | | | | | | 19 | |
| | 20 | Amount from Schedule 3 (Form 1 | | | • | , | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18. If zo | | | | | | | 22 | 0. |
| | | | | | | 1 | | | 22 | |
| | 23a | Tax on income not effectively con Schedule NEC (Form 1040-NR), I | ine 15 . | | | 23a | | | | |
| | b | Other taxes, including self-emploine 21 | • | | , |), 23b | | | | |
| | С | Transportation tax (see instruction | ons) | | | 23c | | | | |
| | d | Add lines 23a through 23c | | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is you | ır total ta x | x | | | | | 24 | 0. |
| Payments | 25 | Federal income tax withheld fron | | | | | | | | |
| , | а | Form(s) W-2 | | | | 25a | | 31. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions) . | | | | | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 31. |
| | e | Form(s) 8805 | | | | | | | 25e | |
| | | Form(s) 8288-A | | | | | | | 25f | |
| | f | ` ' | | | | | | | | |
| | g | Form(s) 1042-S | | | | | | | 25g | |
| | 26 | 2022 estimated tax payments an | | | | 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 1 | 1040), line | 15 | | 31 | | | | |
| | 32 | Add lines 28, 29, and 31. These a | are your t o | otal other paym | ents and refun | dable c | redits | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, | and 32. T | hese are your to | tal payments | | | | 33 | 31. |
| Refund | 34 | If line 33 is more than line 24, sul | btract line | 24 from line 33. | This is the amo | ount you | overpaid | | 34 | 31. |
| | 35a | Amount of line 34 you want refu | nded to y | ou . If Form 8888 | is attached, ch | eck here | | | 35a | 31. |
| Direct deposit? | b | | | | | | | | | |
| See instructions. | d | | | | | | | | | |
| | е | | | | | | | | | |
| | | enter it here. | | | | | | 1 | | |
| | 36 | Amount of line 34 you want appl | ied to vol | ur 2023 estimat | ed tax | 36 |] | | | |
| Amount | 37 | Subtract line 33 from line 24. This | | | | | | | | |
| You Owe | • | For details on how to pay, go to | | - | see instructions | 3 | | | 37 | |
| Tou Owe | 38 | | | | | 38 | | | - | |
| Third | 38 Estimated tax penalty (see instructions) | | | | | | | | | |
| Party | • | · | aloodoo ti | | | ii dolloi lo | | • | | , E 110 |
| Designee | name | esignee's Phone Personal identifi ame no. number (PIN) | | | | | | | cation [| |
| 200.9.100 | | penalties of perjury, I declare that I have | o evaminer | | companying sch | adulas an | | , , | a hast o | f my knowledge and |
| | | they are true, correct, and complete. D | | | | | | | | |
| Sign | Your | signature | Date | Your occupation If the IRS sent you an Identi | | | | | ent vou an Identity | |
| Here | ı our v | signature | Date Four occupation | | | | | | PIN, enter it here | |
| 1016 | | | ON CAMPUS EMPLOYME | | LOYMENT | | inst.) | | | |
| | Phone | e no. | | Email address | | | | | | |
| Doid | Prepa | rer's name | Preparer' | 's signature | | Date | | PTIN | | Check if: |
| Paid | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | SYAM PR | IYA RAM SAGAH | R GUPTA TALLA | AM 04/ | 13/2023 | P02082 | 2703 | Self-employed |
| Preparer Firm's name CLODAL MANEC LLC | | | | | | 1/ - | | Phone n | | 78) 965-9522 |
| Use Only | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's El | | | | | | | | 4-3171965 | |
| | THIN S address 245 ROONEY CT E BRUNSWICK NO 08816 | | | | | | | | | |

Form 1040-NR (2022)

SCHEDULE NEC (Form 1040-NR)

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

Your identifying number

Department of the Treasury Internal Revenue Service

14

15

Form 4797, or both.

Name shown on Form 1040-NR

Go to www.irs.gov/Form1040NR for instructions and the latest information. Attach to Form 1040-NR.

Sequence No. 7B

OMB No. 1545-0074

894-73-3761 LAVEENA ROCHIRAMANI Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) (a) 10% **Nature of Income (b)** 15% (c) 30% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a а 2b 2c 3 Motion picture or TV copyright royalties 4 Other royalties (copyrights, recording, publishing, etc.) . . . 5 Real property income and natural resources royalties 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings ____ 10c Losses Gambling winnings—Residents of countries other than Canada. 11 Other (specify): 12 12 13 Add lines 1a through 12 in columns (a) through (d) 13

Capital Gains and Losses From Sales or Exchanges of Property 16 Enter only the capital gains and (a) Kind of property and description (f) LOSS (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), other basis mm/dd/yyyy mm/dd/yyyy exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). 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 (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business 17 Add columns (f) and (g) of line 16 on Schedule D (Form 1040). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-

14

Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a

Multiply line 13 by rate of tax at top of each column

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SCHEDULE OI (Form 1040-NR)

Department of the Treasury Internal Revenue Service

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 Attachment Sequence No. **7C**

| Name s | hown on Form 1040-NR | | | | Your identifying | number | | | | | |
|--------|--|-----------------------------|-------------------------|------------------------------------|---|-------------------------|------------|--|--|--|--|
| LAVE | ZENA ROCHIRAMANI | | | | 894-73-3 | | | | | | |
| Α | Of what country or countries were you a cit | izen or national d | luring the tax y | ear? 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 h | | Yes | ⊠ No | | | | | | | |
| D | Were you ever: | | | | | | | | | | |
| | A U.S. citizen? | | | ⊠No | | | | | | | |
| 2. | A green card holder (lawful permanent resid | | | ∐ 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 yearF1 | | | | | | | | | | |
| 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 | - | | | | | | | | | |
| | Note: If you're a resident of Canada or Me check the box for Canada or Mexico and | | | | ient intervals, Mexico | | | | | | |
| | | ed United States n/dd/yy | | Date entered United State mm/dd/yy | | arted Unite mm/dd/yy | d States | | | | |
| | | |] | | | | | | | | |
| | | | _ | | | | | | | | |
| | | | | | | | | | | | |
| | Give number of days (including vacation, non | | | aua muaa amt in tha a l Inita al I | Ctata a aluminau | | | | | | |
| Н | 2020, 2021 | | | • | • | | | | | | |
| 1 | Did you file a U.S. income tax return for any | prior vear? | , ai | 10 2022 | ·· | Yes | X No | | | | |
| • | If "Yes," give the latest year and form numb | er you filed: | | | | 00 | | | | | |
| J | Are you filing a return for a trust? | | | | | Yes | ⊠ No | | | | |
| | If "Yes," did the trust have a U.S. or foreig U.S. person, or receive a contribution from | | | | | ☐ Yes | □No | | | | |
| K | Did you receive total compensation of \$250 | • | | | | Yes | X No | | | | |
| | If "Yes," did you use an alternative method | to determine the | source of this | compensation? | | Yes | ☐ No | | | | |
| L | Income Exempt From Tax—If you are clai complete (1) through (3) below. See Pub. 90 | | | | tax treaty with | a foreign | country, | | | | |
| 1. | Enter the name of the country, the applicable amount of exempt income in the columns be | | | | claimed the tre | eaty benefi | t, and the | | | | |
| | (a) Country | (1 | b) Tax treaty an | | (d) Amount of exempt income in current tax year | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | (e) Total. Enter this amount on Form 1040- | NR line 11/ Do s | not enter it en | where else on line 1 | | | | | | | |
| 2. | | | • | | | Yes | □ No | | | | |
| | 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? | | | | | | | | | | |
| ٠. | If "Yes," attach a copy of the Competent Authority determination letter to your return. | | | | | | | | | | |
| М | Check the applicable box if: | • | - • | | | | | | | | |
| 1. | This is the first year you are making an elec with a U.S. trade or business under section | | | roperty located in the Unit | | - | onnected | | | | |
| 2. | 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 | | | | | | | | | | |