#### 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.

Submission Identification Number (SID)

| Taxpay | ver's name  | Social secur | ty numb | ber     |  |  |  |  |  |  |  |
|--------|---|--------------|---------|---------|--|--|--|--|--|--|--|
| SRA    | SRAVIKA MORAMPUDI 387-97-7885   |              |         |         |  |  |  |  |  |  |  |
| Spouse | cial secu   | urity number |         |         |  |  |  |  |  |  |  |
| Par    | Part I         Tax Return Information — Tax Year Ending December 31,         2022 (Enter year you are authorizing.) |              |         |         |  |  |  |  |  |  |  |
| Enter  | 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       | 30,548. |  |  |  |  |  |  |  |
| 2      | Total tax   |              | 2       | 1,904.  |  |  |  |  |  |  |  |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |              | 3       | 3,595.  |  |  |  |  |  |  |  |
| 4      | Amount you want refunded to you   |              | 4       | 1,691.  |  |  |  |  |  |  |  |
| 5      | Amount you owe  |              | 5       |         |  |  |  |  |  |  |  |
|        |   |              |         |         |  |  |  |  |  |  |  |

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

|              | 1 autriorize | UTOPYT   | IAMBO | ERO firm name | to enter of generate my r m | Ę |
|--------------|--------------|----------|-------|---------------|-----------------------------|---|
| $\mathbf{V}$ | l authorize  | CT.OBAT. | TAYES | LLC           | to enter or generate my PIN |   |

| 7          | 7     | 8 | 8 | 5 | as mv |
|------------|-------|---|---|---|-------|
| Ent<br>don | asiny |   |   |   |       |

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 🕨

### Spouse's PIN: check one box only

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 >  | Date 🕨 |     |    |   |  |  |  |              |       |     |   |
|---|--------|-----|----|---|--|--|--|--------------|-------|-----|---|
| Practitioner PIN Method Returns Only—con  | tinue  | bel | ow |   |  |  |  |              |       |     |   |
| Part III Certification and Authentication – Practitioner PIN Method O                         | nly    |     |    |   |  |  |  |              |       |     |   |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected Pl | N.     | 2   | 2  | 2 |  |  |  | 6<br>all zei | <br>9 | 8 9 | Э |

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 Form — See Instructions<br>Don't Submit This Form to the IRS Unless Requested To Do So |     |                  |                          |  |  |  |  |  |  |
| For Paperwork Reduction Act Notice, see your tax return instructions.                                       | BAA | REV 02/14/23 PRO | Form 8879 (Rev. 01-2021) |  |  |  |  |  |  |

| For the year Jan. 1–Dec. 31, 2022, or other tax year beginning, 2022, ending, 20       See separate instructions.  | <b>1040</b>      | )-[ | Department of the Treasury-Inter<br>U.S. Nonresident AI | rnal Reven | nue Service<br>come Tax R | eturn | 2022 | OMB No. 1 | 545-0074 | IRS L | Jse Only—Do not write<br>staple in this space. |
|--|------------------|-----|---|------------|---------------------------|-------|------|-----------|----------|-------|--|
| Status         Const. only         Status         Const. only         Status         Part of the quality of periors in a child builty of periors in a child builty of periors.         Status         Part of the quality of periors in a child builty of periors in a child builty of periors.         Status         Part of the quality of periors in a child builty of periors.         Status         Part of the quality of periors in a child builty of periors.         Status         Part of the quality of periors.         Status         Zar of the quality of periors.         Zar of the quality of the quality of periors.         Zar of the quality of the quality of periors.         Zar of the quality of the   |                  |     |   |            |                           |       |      |           |          |       |  |
| Check only motion box.  Your list name and middle initial  SRAVIKA  NORAMPUDI  SRAVIKA  NORAMPUNI  SRAVIKA | Filing<br>Status |     | <b>o o</b> .  |            |                           | , 0   |      | · ,       |          | state | Trust  |
| SRAVIKA         (see instructions)           SRAVIKA         (see instructions.         322         Apt. no.           323 N WOODLAWN ELVD         322         Apt. no.           State         ZIP code           Colspan="2">State         Colspan="2">Colspan="2"           Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"           Colspan="2">Colspan="2"           Colspan="2"   |                  |     |   |            |                           |       |      |           |          |       |  |

Form **1040-NR** (2022)

| Form 1040-NR (2   | 2022)     |  |                  |                  |                  | Page <b>2</b>                                |
|-------------------|-----------|--|------------------|------------------|------------------|--|
| Tax and           | 16        | Tax (see instructions). Check if any from Form(s): 1   | 4 <b>2</b> 497   | 2 3              | 16               | 1,904.                                       |
| Credits           | 17        | Amount from Schedule 2 (Form 1040), line 3   |                  |                  | 17               | 0.   |
|                   | 18        | Add lines 16 and 17  |                  |                  | 18               | 1,904.                                       |
|                   | 19        | Child tax credit or credit for other dependents from Schedule  | 8812 (Form 10    | 40)              | 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               | 1,904.                                       |
|                   | 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  |                  |                  | 230              | 1 k  |
|                   | 24        | Add lines 22 and 23d. This is your total tax   |                  | <u></u>          | 24               | 1,904.                                       |
| Payments          | 25        | Federal income tax withheld from:  |                  |                  |                  |  |
|                   | а         | Form(s) W-2  |                  | <b>25a</b> 3     | ,595.            |  |
|                   | b         | Form(s) 1099   |                  | 25b              |                  |  |
|                   | С         | Other forms (see instructions)   |                  | 25c              |                  |  |
|                   | d         | Add lines 25a through 25c  |                  |                  | 250              | 3,595.                                       |
|                   | е         | Form(s) 8805   |                  |                  | 256              |  |
|                   | f         | Form(s) 8288-A   |                  |                  | 251              | F  |
|                   | g         | Form(s) 1042-S   |                  |                  | <b>25</b> g      | a  |
|                   | 26        | 2022 estimated tax payments and amount applied from 2021   |                  |                  | 26               |  |
|                   | 27        | Reserved for future use  |                  | 27               |                  |  |
|                   | 28        | Additional child tax credit from Schedule 8812 (Form 1040)   |                  | 28               |                  |  |
|                   | 29        | Credit for amount paid with Form 1040-C  |                  | 29               |                  |  |
|                   | 30        | Reserved for future use  |                  | 30               |                  |  |
|                   | 31        | Amount from Schedule 3 (Form 1040), line 15  |                  | 31               |                  |  |
|                   | 32        | Add lines 28, 29, and 31. These are your total other paymen  |                  |                  |                  |  |
|                   | 33        | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your tota  |                  |                  |                  |  |
| Refund            | 34<br>35a | If line 33 is more than line 24, subtract line 24 from line 33. Th<br>Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is              |                  | •                |                  |  |
| Direct deposit?   | b         | Routing number $\begin{vmatrix} 1 & 0 & 1 & 1 \end{vmatrix} 0 \begin{vmatrix} 0 & 0 & 4 & 5 \end{vmatrix}$   |                  | _                | avings           | 1,091.                                       |
| See instructions. | b         | Account number 5 1 8 0 1 0 6 1 7 8 5   |                  |                  | avings           |  |
|                   | e         | If you want your refund check mailed to an address outside   |                  |                  |                  |  |
|                   | e         |  |                  |                  | •                |  |
|                   | 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 <b>amount you owe</b> .   |                  | 1 - 1            |                  |  |
| You Owe           |           | For details on how to pay, go to www.irs.gov/Payments or se  | e instructions . |                  | 37               |  |
|                   | 38        | Estimated tax penalty (see instructions)   |                  | 38               |                  |  |
| Third             | Do yo     | u want to allow another person to discuss this return with the   | IRS? See instrue | ctions. 🗌 Yes    | . Complete b     | elow. X No                                   |
| Party             | Desig     | nee's Phone  |                  | Persona          | al identificatio | n,,,   |
| Designee          | name      | no   |                  | number           | (PIN)            |  |
|                   |           | penalties of perjury, I declare that I have examined this return and acco<br>they are true, correct, and complete. Declaration of preparer (other thar |                  |                  |                  |  |
| Sign              |           |  |                  |                  |                  | , ,  |
| Here              | Your      | signature Date Y   | our occupation   |                  |                  | sent you an Identity<br>n PIN, enter it here |
| пеге              |           | s  | OFTWARE E        | NGINEER          | (see inst.)      |  |
|                   | Phone     | e no. Email address  |                  |                  |                  |  |
| Paid              | Prepa     | rer's name Preparer's signature  |                  | Date             | PTIN             | Check if:                                    |
|                   |           | SYAM PRIYA RAM SAGAR (   | GUPTA TALLAM     | 02/18/2023 4     | 202082703        | 3 Self-employed                              |
| Preparer          | Firm's    | name SYATLABBALRATAXAB GUITE TALLAM  |                  |                  | Phone no. (      | 678)965-9522                                 |
| Use Only          | Firm's    | address 245 ROONEY CT E BRUNSWICK NJ   | 08816            |                  | Firm's EIN       | 84-3171965                                   |
| Go to www.irs.g   | gov/Foi   | m1040NR for instructions and the latest information.   |                  | REV 02/14/23 PRO |                  | Form <b>1040-NR</b> (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.

Attach to Form 1040-NR.

OMB No. 1545-0074

2

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR SRAVIKA MORAMPUDI

2 Attachment Sequence No. 7B

Your identifying number

387-97-7885

| Enter amount of income under the appropriate rate of tax. See | instructions. |
|---|---------------|

|                                |   | Nature of Income  |                  |      | <b>(a)</b> 10%                     | <b>(b)</b> 15%      | (c) 30%                        | (d) Other (specify)  |  |  |  |
|--------------------------------|---|---|------------------|------|------------------------------------|---------------------|--------------------------------|--|--|--|--|
|                                |   | Nature of Income  |                  |      | (a) 10%                            | (b) 1378            | (C) 50%                        | %  | %  |  |  |
| 1                              | Dividends and divide  | nd equivalents:   |                  |      |                                    |                     |                                |  |  |  |  |
| а                              | Dividends paid by U.  | S. corporations   |                  | 1a   |                                    |                     |                                |  |  |  |  |
| b                              | Dividends paid by fo  | reign corporations  |                  | 1b   |                                    |                     |                                |  |  |  |  |
| с                              | Dividend equivalent p   | ayments received with respect to section 871(m) tra   | ansactions       | 1c   |                                    |                     |                                |  |  |  |  |
| 2                              | Interest:   | nterest:  |                  |      |                                    |                     |                                |  |  |  |  |
| а                              | Mortgage  |   |                  | 2a   |                                    |                     |                                |  |  |  |  |
| b                              |   | prations  |                  | 2b   |                                    |                     |                                |  |  |  |  |
| с                              |   |   |                  | 2c   |                                    |                     |                                |  |  |  |  |
| 3                              |   | atents, trademarks, etc.)   | 3                |      |                                    |                     |                                |  |  |  |  |
| 4                              | •   | copyright royalties   | 4                |      |                                    |                     |                                |  |  |  |  |
| 5                              | Other royalties (copy   | 5   |                  |      |                                    |                     |                                |  |  |  |  |
| 6                              | Real property income  | 6   |                  |      |                                    |                     |                                |  |  |  |  |
| 7                              | Pensions and annuiti  | 7   |                  |      |                                    |                     |                                |  |  |  |  |
| 8                              | Social security benef   | 8   |                  |      |                                    |                     |                                |  |  |  |  |
| 9                              | Capital gain from line 18 below   |   |                  |      |                                    |                     |                                |  |  |  |  |
| 10                             |   |   |                  |      |                                    |                     |                                |  |  |  |  |
| а                              |   | ings  |                  |      |                                    |                     |                                |  |  |  |  |
| b                              | Losses  |   | 1                | 10c  |                                    |                     |                                |  |  |  |  |
| 11                             | Gambling winnings-<br>Note: Losses not allo   | Residents of countries other than Canada.   | 11               |      |                                    |                     |                                |  |  |  |  |
| 12                             | Other (specify):  |   |                  |      |                                    |                     |                                |  |  |  |  |
|                                |   |   |                  | 12   |                                    |                     |                                |  |  |  |  |
| 13                             | Add lines 1a through  | 12 in columns (a) through (d)   |                  | 13   |                                    |                     |                                |  |  |  |  |
| 14                             |   | ate of tax at top of each column  |                  | 14   |                                    |                     |                                |  |  |  |  |
| 15                             | Tax on income not ef  | ffectively connected with a U.S. trade or business  |                  |      |                                    |                     |                                | -NR, line 23a <b>15</b>  |  |  |  |
|                                |   | Capital Gains and   | Losses Fre       | om   | Sales or Excha                     | nges of Proper      | ty                             |  |  |  |  |
| losses f<br>exchan<br>within t | nly the capital gains and<br>from property sales or<br>ges that are from sources<br>the United States and not | <b>16</b> (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive detains not shown below)<br>(b) Date acquired<br>mm/dd/yyyy |                  |      | <b>(c)</b> Date sold<br>mm/dd/yyyy | (d) Sales price     | <b>(e)</b> Cost or other basis | (f) LOSS<br>If (e) is more than (d),<br>subtract (d) from (e). | (g) GAIN<br>If (d) is more than (e),<br>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   |   |                  |      |                                    |                     |                                |  |  |  |  |
| gains a                        | ty interest; report these<br>ind losses on Schedule D   |   |                  |      |                                    |                     |                                |  |  |  |  |
| (Form 1                        |   |   |                  |      |                                    |                     |                                |  |  |  |  |
| exchan                         | property sales or<br>ges that are effectively   |   |                  |      |                                    |                     |                                |  |  |  |  |
| connec                         | eted with a U.S. business edule D (Form 1040),  |   |                  |      |                                    |                     |                                |  |  |  |  |
|                                | 1797, or both.  | 18 Capital gain. Combine columns (f) and (g   | g) of line 17. I | Ente | r the net gain here                | e and on line 9 abo | ove. If a loss, ente           | r-0 <b>18</b>  |  |  |  |

| SCHE  | DULE   | ΟΙ  |
|-------|--------|-----|
| (Form | 1040-N | IR) |

|         | DULE OI   |                                  | Othe   | r Informati   | on       |  | L                                      | OMB No. 15                                      | 45-0074      |  |
|---------|---|----------------------------------|--|---|----------|--|--|---|--------------|--|
| -       | <b>1040-NR)</b><br>ent of the Treasury  | Go t                             |  | .gov/Form1040NR for instructions and the latest information.<br>Attach to Form 1040-NR. |          |  |  |   | 22           |  |
|         | Revenue Service   |                                  | Ans  | wer all questions.  |          |  |  | Attachment<br>Sequence N                        | o. <b>7C</b> |  |
| Name sł | nown on Form 1040   | -NR                              |  |   |          |  | Your identify                          | ing number                                      |              |  |
| SRAV    | IKA MORAMP  | UDI                              |  |   |          |  | 387-97-                                | 7885  |              |  |
| Α       |   |                                  | vere you a citizen or nation                                       |   |          |  |  |   |              |  |
| В       |   |                                  | residence for tax purpose  |   |          |  |  |   |              |  |
| С       |   |                                  | green card holder (lawful p  | permanent residen   | t) of th | ne United States? .                            |  |   | X No         |  |
| D       | Were you ever:<br>A U.S. citizen?   |                                  |  |   |          |  |  |   | XNo          |  |
|         |   |                                  |  |   |          |  |  |   |              |  |
| ۷.      | -   | · ·                              | ), see Pub. 519, chapter 4,  |   |          |  |  |   |              |  |
| Е       | If you had a vis  | sa on the last o                 | day of the tax year, enter   | your visa type. If  | you di   |  |  |   |              |  |
| F       | Have you ever   | changed your v                   | risa type (nonimmigrant sta<br>e the date and nature of th         | tus) or U.S. immig  | ration   | status?  |  | Yes   | X No         |  |
| G       | List all dates yo   | ou entered and                   | left the United States durin                                       | ig 2022. See instru   | uctions  | S.   |  |   |              |  |
|         | Note: If you're check the box   | a resident of C<br>for Canada or | anada or Mexico <b>AND</b> cor<br><b>Mexico</b> and skip to item I | mmute to work in  | the U    | nited States at frequ<br>🗌 Canada              | ent intervals                          |   |              |  |
|         | Date entered United States<br>mm/dd/yy         Date departed United States<br>mm/dd/yy         Date entered United States<br>mm/dd/yy |                                  |  |   |          |  | s Date de                              | eparted Unite<br>mm/dd/yy                       | d States     |  |
|         |   |                                  |  |   |          |  |  |   |              |  |
|         |   |                                  |  |   |          |  |  |   |              |  |
|         |   |                                  |  |   |          |  |  |   |              |  |
| н       |   |                                  | vacation, nonworkdays, and   |   |          |  |  | J:  |              |  |
| 1       | Did vou file a U  | .S. income tax                   | return for any prior year? .                                       |   | u 2022   |  | ······································ | Yes   | XNo          |  |
| -       | If "Yes," give th   | e latest year ar                 | nd form number you filed:  |   |          |  |  |   |              |  |
| J       | Are you filing a  | return for a trus                | st?  |   |          |  |  | Yes   | X No         |  |
|         | If "Yes," did the   | e trust have a l                 | J.S. or foreign owner unde   | er the grantor trus   | t rules  | s, make a distributior                         | n or loan to a                         | a   | _            |  |
|         | •   |                                  | ribution from a U.S. person  |   |          |  |  |   | ∐ No         |  |
| K       | If "Yes," did yo  | u use an alterna                 | ation of \$250,000 or more ative method to determine               | the source of this  | comp     | ensation?                                      |  | Yes   | 🔀 No<br>🗌 No |  |
| L       |   |                                  | you are claiming exempt<br>See Pub. 901 for more in                |   |          |  | tax treaty w                           | rith a foreigr                                  | ı country,   |  |
| 1.      |   |                                  | the applicable tax treaty and the columns below. Attach For        |   |          |  | claimed the                            | treaty benef                                    | it, and the  |  |
|         |   | <b>(a)</b> Cou                   | ntry   | (b) Tax treaty art  |          | (c) Number of month<br>claimed in prior tax ye |  | (d) Amount of exempt income in current tax year |              |  |
|         |   |                                  |  |   |          |  |  |   |              |  |
|         |   |                                  |  |   |          |  |  |   |              |  |
|         |   |                                  |  |   |          |  |  |   |              |  |
|         |   |                                  | n Form 1040-NR, line 1k. D   | -   |          |  |  |   |              |  |
| 2.      | Were you subje  | ect to tax in a fo               | preign country on any of the                                       | e income shown ir   | i 1(d) a | above?   |  | Yes   | No No        |  |

3. Are you claiming treaty benefits pursuant to a Competent Authority determination? If "Yes," attach a copy of the Competent Authority determination letter to your return.

#### 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.

REV 02/14/23 PRO Schedule OI (Form 1040-NR) 2022

\_\_\_ Yes

🗙 No