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 securi | ty numb | ber |
|--------|--|----------------|-----------|--------------|
| AMI | SHA RAJANI | 859-52 | -026 | 5 |
| Spouse | 's name | Spouse's soc | cial secu | urity number |
| Par | t I Tax Return Information – Tax Year Ending December 31, 2022 (Ent | ter year you a | ire au | 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 | 28,007. |
| 2 | Total tax | | 2 | 1,604. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 2,457. |
| 4 | Amount you want refunded to you | | 4 | 853. |
| 5 | Amount you owe | | 5 | |
| Par | Taxpaver Declaration and Signature Authorization (Be sure you get and | d keep a cor | v of v | our return) |

Under penalties of perjury, 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

| X | I authorize | GLOBAL T | TAXES | LLC | to enter or generate my PIN | 2 |
|---|-------------|----------|---------|---------------|------------------------------|------|
| ~ | 1 authorize | | .111110 | | to enter or generate my ring | En |
| | | | | ERO firm name | | al a |

| 2 | 0 | 2 | <u> </u> | 5 | as my |
|-----|------------------|--------|-----------------|-----|-------|
| dor | er fiv i't er | iter a | gits, all ze | PUT | |

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—continu | e 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 | 2 | | 6 all zei | 9 | 8 9 |) |

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 Don't Submit This Form to th | | | |
| For Paperwork Reduction Act Notice, see your tax return instruction | ns. BAA | REV 02/14/23 PRO | Form 8879 (Rev. 01-2021) |

| 1040 |)- | Department of the Treasury-Inter U.S. Nonresident AI | rnal Rever ien In | nue Service Come Tax I | Return | 2022 | OMB No. 1 | 545-0074 | | se Only—Do not write taple in this space. | |
|-----------------------------------|--------|--|---|-------------------------------|----------------|--|------------------------------|-------------|----------|--|--|
| | | Dec. 31, 2022, or other tax year beginr | | | | | | | | See separate instructions. | |
| Filing Status Check only | | Single Married filing sep you checked the QSS box, enter the ch | | , | | surviving spouse is a child but not y | . , | | state | Trust | |
| one box. Your first name | and | middle initial | Last na | ame | | | | Your i | dentif | ying number | |
| | | | | | | | | (see in | | | |
| AMISHA | | | RAJA | NI | | | | 859 | -52- | -0265 | |
| Home address | (num | ber and street). If you have a P.O. box | k, see ins | structions. | | | | | | Apt. no. | |
| 400 MARQU | JETI | TE AVE S | | | | 1 | 601 | | | | |
| City, town, or p | ost o | ffice. If you have a foreign address, al | so comp | lete spaces belo | w. | | State | | ZIP | code | |
| MINNEAPOL | JIS | | | | | | MN | | 554 | 101 | |
| Foreign country | / nam | ne | Foreig | n province/state | /county | | Foreign | postal co | ode | | |
| D : 11 1 A | | | . , | | | | | (1) (1) | | | |
| Digital Assets | | any time during 2022, did you: (a) rece erwise dispose of a digital asset (or a | | | | | | or (b) sell | | ange, gift, or Yes X No | |
| Dependents | + | | | | Í | X. | , | | | alifies for (see inst.): | |
| (see instructions): | | (1) First name Last name | | (2) Depende identifying nu | | (3) Relationship to | you Ch | ild tax cre | dit | Credit for other dependents | |
| lf an a wa the are for w | | | | | | | | | | | |
| If more than four dependents, see | | | | | | | | | | | |
| instructions and | | | | | | | | | | | |
| check here | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box | | , | | | | | - | 28,007. | |
| Effectively | b | Household employee wages not rep | | | | | | | _ | | |
| Connected | C | Tip income not reported on line 1a (| | | | | | | | | |
| With U.S. | d | Medicaid waiver payments not repo | | ., . | | , | | . 10 | _ | | |
| Trade or | e | Taxable dependent care benefits fro | | | | | | . 10 | | | |
| Business | f | Employer-provided adoption benefi | | | | | | | | | |
| Attach | g h | Wages from Form 8919, line 6 | | | | | | | | | |
| Form(s) W-2, | h i | Other earned income (see instructions) | | | | | | | | | |
| 1042-S, SSA-1042-S, | ; | Reserved for future use | | | | | | . 1 | | | |
| RRB-1042-S, | J k | Total income exempt by a treaty fro | | | 10-NR) ita | | | · – | | | |
| and 8288-A here. Also | ĸ | | | | | | | 0. | | | |
| attach | z | Add lines 1a through 1h | | | | | | | | 28,007. | |
| Form(s) | 2a | Tax-exempt interest 2 | 1 | | b Taxa | ble interest | | | | | |
| 1099-R if tax was | 3a | Qualified dividends 3 | a | | b Ordir | nary dividends . | | . 31 |) | | |
| withheld. | 4a | IRA distributions 4 | a | | b Taxa | ble amount | | . 4 | b | | |
| If you did not | 5a | Pensions and annuities 5 | a | | b Taxa | ble amount | | . 5ł |) | | |
| get a Form W-2, see | 6 | Reserved for future use | | | | | | . 6 | | | |
| instructions. | 7 | Capital gain or (loss). Attach Sched | ule D (Fo | rm 1040) if requi | ired. If not | required, check h | nere | 7 | | | |
| | 8 | | Other income from Schedule 1 (Form 1040), line 10 | | | | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and | 8. This is | s your total effe | ctively co | nnected income | | . 9 | | 28,007. | |
| | 10 | Adjustments to income: | | | | | | | | | |
| | а | From Schedule 1 (Form 1040), line 2 | | | | | | _ | | | |
| | b | Reserved for future use | | | | | | | | | |
| | c | Reserved for future use | | | | | | | | | |
| | d | Enter the amount from line 10a. The | - | | | | | | | | |
| | 11 | Subtract line 10d from line 9. This is | - | | | | | | | 28,007. | |
| | 12 | Itemized deductions (from Schedu deduction (see instructions) | , | | | | dia, stand dn_US/India.Tr | | , | 10 050 | |
| | 13a | · · · · · · · · · · · · · · · · · · · | | | | 1 1 | | -401 | - | 12,950. | |
| | b | | | | | | | | | | |
| | c | Add lines 13a and 13b | | | | | | . 13 | c | | |
| | 14 | | | | | | | | | 12,950. | |
| | 15 | Subtract line 14 from line 11. If zero | | | | | | | | 15,057. | |
| For Disclosure | - | acv Act, and Paperwork Beduction Ac | | | | | | | | | |

Form **1040-NR** (2022)

| Form 1040-NR (| 2022) | | | | | Page 2 |
|-------------------|--------|--|--------------|---------------------------------------|-------------|---------------------------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 28814 2 497 | 2 3 | | 16 | 1,604. |
| Credits | 17 | Amount from Schedule 2 (Form 1040), line 3 | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | 18 | 1,604. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 (Form 10 | | | 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 | 1,604. |
| | 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 | 1,604. |
| Payments | 25 | Federal income tax withheld from: | | | | · · · |
| , | а | Form(s) W-2 | 25a | 2,457. | | |
| | b | Form(s) 1099 | 25b | | | |
| | с | Other forms (see instructions) | 25c | | | |
| | d | Add lines 25a through 25c | | | 25d | 2,457. |
| | е | Form(s) 8805 | | | 25e | |
| | f | Form(s) 8288-A | | | 25f | |
| | g | Form(s) 1042-S | | | 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 | 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 payments and refundation | ble credits | | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments . | | | 33 | 2,457. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amour | | | 34 | 853. |
| | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, chec | k here . | 🗆 | 35a | 853. |
| Direct deposit? | b | | | Savings | | |
| See instructions. | d | Account number 1 0 4 7 8 7 2 2 4 6 2 5 | | 0 | | |
| | е | If you want your refund check mailed to an address outside the United State | es not showr | n on page 1. | | |
| | | 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- | ctions. | Yes. Comp | lete below. | 🛛 No |
| Party | Desig | nee's Phone | | ersonal identif | ication | |
| Designee | name | no | nu | mber (PIN) | | |
| | | penalties of perjury, I declare that I have examined this return and accompanying schedu they are true, correct, and complete. Declaration of preparer (other than taxpayer) is base | | | | |
| Sign | | | | | • • | , , |
| - | Your | signature Date Your occupation | | | , | ou an Identity enter it here |
| Here | | ASSOCIATE BU | SINESS AN | | inst.) | |
| | Phone | | | - (| · | |
| Deid | | Irrer's name Preparer's signature | Date | PTIN | Ch | eck if: |
| Paid | | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 02/18/20 | 23 P0208 | - | Self-employed |
| Preparer | Firm's | s name SYALCEANALRAMANAS GUILE TALLAM | , 20, 20, 20 | Phone n | | 965-9522 |
| Use Only | | s address 245 ROONEY CT E BRUNSWICK NJ 08816 | | Firm's E | (• • •) | <u>905-9522</u> 3171965 |
| Go to www.irs. | | rm1040NR for instructions and the latest information. | REV 02/14/2 | | | 1040-NR (2022) |

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.



Name shown on Form 1040-NR

AMISHA RAJANI

Your identifying number

859-52-0265

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

| | Nature of Income | | | (a) 10% | a) 10% (b) 15% | (c) 30% | (d) Other (specify) | | | |
|--|--|---------|--|---------------------------------|----------------|------------------------------------|-------------------------|----------------------------|--|--|
| | | | Nature of Income | | (a) 10% | (b) 15% | (C) 30 % | % | % | |
| 1 | Dividends and divide | end eq | uivalents: | | | | | | | |
| а | Dividends paid by U. | .S. cor | porations | | 1a | | | | | |
| b | Dividends paid by fo | reign d | corporations | | 1b | | | | | |
| с | | - | ts received with respect to section 871(m) | | 1c | | | | | |
| 2 | Interest: | 5 | | | | | | | | |
| а | Mortgage | | | | 2a | | | | | |
| b | | | IS | | 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 | - | | elow | | 9 | | | | | |
| 10 | | | anada only. Enter net income in column (| | | | | | | |
| | If zero or less, ente | r -0 | | | | | | | | |
| а | Winnings | | | | | | | | | |
| b | Losses | | | | 10c | | | | | |
| 11 | Gambling winnings – | -Resid | ents of countries other than Canada. | | 11 | | | | | |
| 12 | | | | | | | | | | |
| | | | | | 12 | | | | | |
| 13 | | | 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 busine | ess. Add colum | | through (d) of line 14 | 1. Enter the total here | e and on Form 1040 | -NR. line 23a 15 | |
| | | | Capital Gains an | | | | | | | 1 |
| 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 acq mm/dd/yy | uired | (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). |
| effectiv | vely connected with a U.S. | | | | | | | | | |
| or loss | on disposing of a U.S. real | | | | | | | | | |
| gains a | ty interest; report these nd losses on Schedule D | | | | | | | | | |
| (Form 1 | 1040). | | | | | | | | | |
| | property sales or ges that are effectively | | | | | | | | | |
| connec | ted with a U.S. business | | Add columns (f) and (g) of line 16 . | | | | | 17 | | |
| | edule D (Form 1040), I797, or both. | | Capital gain. Combine columns (f) and | d (g) of line 17 | 7. Ente | er the net gain here | e and on line 9 ab | ove. If a loss, ente | er -0 18 | |

| SCHE | DUL | ΕC |) |
|-------|------|-----|----|
| (Form | 1040 | -NF | ł) |

| SCHEDULE OI (Form 1040-NR) | | Other Information | | | | | OMB No. 1545-0074 | | |
|--|--|---|------------------------------|-----------------------------|--|-----------------|---|--------------|--|
| | | Go to www.irs.gov/Form1040NR for instructions and the latest information. | | | | 20 | 22 | | |
| Department of the Treasury | | | | | | | Attachment | | |
| | Revenue Service | Answer all questions. | | | | Sequence No. 7C | | | |
| Name shown on Form 1040-NR | | | | | | - | • | | |
| | HA RAJANI | | | - Lakurinan dha darran a 20 | | 859-52 | -0265 | | |
| A | Of what country or countries were you a citizen or national during the tax year? INDIA In what country did you claim residence for tax purposes during the tax year? United States | | | | | | | | |
| B C | 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? | | | | | | | XNo | |
| | A green card holder (lawful permanent resident) of the United States? | | | | | | | | |
| Ζ. | If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you. | | | | | | | | |
| Е | 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 visa type (nonimmigrant status) or U.S. immigration status? | | | | | | | | |
| • | If you answered "Yes," indicate the date and nature of the change: | | | | | | | | |
| G | | ist 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, check the box for Canada or Mexico and skip to item H | | | | | | | | |
| | Date entered | | Date departed United Stat | | te entered United State | s Date d | eparted Unite | ed States | |
| | mm/o | | mm/dd/yy | | mm/dd/yy | | mm/dd/yy | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Н | Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2020, 2021, and 2022365 | | | | | | | | |
| I. | Did you file a U | .S. income tax | return for any prior year? . | | | | . 🗌 Yes | X No | |
| | If "Yes," give the latest year and form number you filed: | | | | | | | | |
| J Are you filing a return for a trust? | | | | | | | . Yes | X No | |
| | If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a | | | | | | | □ | |
| LZ | U.S. person, or receive a contribution from a U.S. person? | | | | | | | 🗌 No 🔀 No | |
| K | Did you receive total compensation of \$250,000 or more during the tax year? | | | | | | | | |
| | | | | | | | | ∐ No | |
| 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 amount of exempt income in the columns below. Attach Form 8833 if required. See instructions. | | | | | | | · | |
| | (a) Country | | | (b) Tax treaty article | (c) Number of month claimed in prior tax ye | | (d) Amount of exempt income in current tax year | | |
| | T N I | | | 21 (2) | | 0 | | 0 | |
| | IN | | | 21(2) | | 0 | | 0. | |
| | | | | | | | | | |
| | | | | | | | | | |
| | (e) Total. Enter | r this amount o | n Form 1040-NR, line 1k. D | o not enter it anvwhe | re else on line 1 | | | 0. | |
| 2. | | | preign country on any of the | - | | | . Yes | X No | |
| 3. | • • | | ts pursuant to a Competent | | | | | No | |

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