#### 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)

| Тахрау | ver's name                                                                     | Social s | security | y numbe  | er                                    |
|--------|--------------------------------------------------------------------------------|----------|----------|----------|---------------------------------------|
| ANU    | IRADHA VYAS                                                                    | 870      | -67-     | 3914     |                                       |
| Spouse | s's name                                                                       | Spouse   | 's soci  | al secur | ity number                            |
| Par    | t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter          | year y   | ou ar    | e auth   | norizing.)                            |
| 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        | 2,558.                                |
| 2      | Total tax                                                                      |          |          | 2        | 0.                                    |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099                  |          |          | 3        | 150.                                  |
| 4      | Amount you want refunded to you                                                |          |          | 4        | 150.                                  |
| 5      | Amount you owe                                                                 |          |          | 5        |                                       |
| David  | The second production and Oliverations Antheoriestics (Decomposition and and I |          |          |          | · · · · · · · · · · · · · · · · · · · |

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

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 | TAXES | LLC           | to enter or generate my PIN |  |
|---|-------------|--------|-------|---------------|-----------------------------|--|
|   |             |        |       | ERO firm name |                             |  |

| 7 | 3 | 9                | 1 | 4 |    |
|---|---|------------------|---|---|----|
|   |   | ve dig<br>nter a |   |   | as |

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 🕨

## Spouse's PIN: check one box only

I authorize

| to enter o | r generate | my PIN |
|------------|------------|--------|

as my 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 ► D                                                                          | ate 🖡 |    |   |  |                  |        |   |  |
|-------------------------------------------------------------------------------------------------|-------|----|---|--|------------------|--------|---|--|
| Practitioner PIN Method Returns Only—continue                                                   |       | ow |   |  |                  |        |   |  |
| Part III Certification and Authentication – Practitioner PIN Method Only                        |       |    |   |  |                  |        |   |  |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2     | 2  | 2 |  | <br>6<br>III zer | <br>98 | 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 F<br>Don't Submit This Form to the I             | -   |                  |                          |
| For Paperwork Reduction Act Notice, see your tax return instructions. | BAA | REV 02/18/23 PRO | Form 8879 (Rev. 01-2021) |

| <b>104</b>                                 | )-          | NR Department of the Treasury-Inte<br>U.S. Nonresident A         | ernal Rever<br><b>lien In</b> | nue Service COME TAX F    | Return    | 2022                                     | OMB No. 1      | 545-0074    | IRS U    | se Only—Do not write<br>staple in this space. |
|--------------------------------------------|-------------|------------------------------------------------------------------|-------------------------------|---------------------------|-----------|------------------------------------------|----------------|-------------|----------|-----------------------------------------------|
|                                            |             | Dec. 31, 2022, or other tax year begin                           |                               |                           |           |                                          |                |             |          | See separate instructions.                    |
| Filing<br>Status<br>Check only<br>one box. |             | Single Darried filing sep                                        |                               | ,                         |           | g surviving spouse<br>is a child but not | , ,            | Dent:       | state    | Trust                                         |
| Your first name                            | and         | middle initial                                                   | Last n                        | ame                       |           |                                          |                | Your i      | denti    | fying number                                  |
|                                            |             |                                                                  |                               |                           |           |                                          |                | (see in     | struc    | tions)                                        |
| ANURADHA                                   |             |                                                                  | VYAS                          |                           |           |                                          |                | 870         | -67      | -3914                                         |
|                                            |             | nber and street). If you have a P.O. bo                          | x, see ins                    | structions.               |           |                                          |                |             |          | Apt. no.                                      |
|                                            |             | OND STREET                                                       |                               |                           |           |                                          |                |             |          |                                               |
|                                            |             | office. If you have a foreign address, a                         | ilso comp                     | plete spaces belo         | w.        |                                          | State          |             |          | code                                          |
| PHILADEL                                   |             |                                                                  | - ·                           |                           |           |                                          | PA             |             |          | 121                                           |
| Foreign countr                             | y nan       | ne                                                               | Foreig                        | n province/state/         | county    |                                          | Foreign        | postal co   | ode      |                                               |
| Digital Accet                              | Δ+ <i>i</i> | any time during 2022, did you: (a) rece                          |                               | roward oward a            |           | at for property or                       |                | vr (b) coll | ovok     |                                               |
| Digital Asset                              |             | erwise dispose of a digital asset (or a                          |                               |                           |           |                                          |                |             |          |                                               |
| Dependents                                 | _           |                                                                  |                               | <u> </u>                  |           | ,                                        | ,<br>          |             |          | ualifies for (see inst.):                     |
| (see instructions)                         |             |                                                                  |                               | (2) Depender              |           |                                          | Ch             | ild tax cre | Í        | Credit for other                              |
|                                            |             | (1) First name Last name                                         | e                             | identifying nun           | nber      | (3) Relationship to                      | you            |             |          | dependents                                    |
| If more than fou                           | r           |                                                                  |                               |                           |           |                                          |                |             |          |                                               |
| dependents, see                            |             |                                                                  |                               |                           |           |                                          |                |             |          |                                               |
| instructions and check here                | -           |                                                                  |                               |                           |           |                                          |                |             | _        |                                               |
| Income                                     | 1a          | Total amount from Form(s) W-2, bo                                | y 1 (see                      | instructions)             |           |                                          |                | . 1         |          | 2,558.                                        |
| Effectively                                | b           | Household employee wages not re                                  |                               | ,                         |           |                                          |                |             |          |                                               |
| Connected                                  | c           | Tip income not reported on line 1a                               |                               |                           |           |                                          |                |             | -        |                                               |
| With U.S.                                  | d           |                                                                  |                               |                           |           |                                          |                | . 10        |          |                                               |
| Trade or                                   | е           | Taxable dependent care benefits fr                               |                               |                           |           |                                          |                | . 10        | •        |                                               |
| Business                                   | f           | Employer-provided adoption benef                                 |                               |                           |           |                                          |                | . 1         | F        |                                               |
|                                            | g           | Wages from Form 8919, line 6 .                                   | . 10                          | 3                         |           |                                          |                |             |          |                                               |
| Attach<br>Form(s) W-2,                     | h           | Other earned income (see instructions)                           |                               |                           |           |                                          |                |             |          |                                               |
| 1042-S,                                    | i           | Reserved for future use                                          |                               |                           |           | . <u>1i</u>                              |                |             |          |                                               |
| SSA-1042-S,<br>RRB-1042-S,                 | j           | Reserved for future use                                          |                               |                           |           |                                          |                | . 1         | i 📃      |                                               |
| and 8288-A                                 | k           | Total income exempt by a treaty fro                              |                               |                           |           |                                          |                |             |          |                                               |
| here. Also                                 |             | line 1(e)                                                        |                               |                           |           |                                          |                | 0.          |          |                                               |
| attach<br>Form(s)                          | z           | Add lines 1a through 1h                                          | 1                             | · · · · ·                 | <br>      |                                          |                |             | -        | 2,558.                                        |
| 1099-R if                                  | 2a          | '                                                                | 2a<br>Ba                      |                           |           | ble interest                             |                |             | -        |                                               |
| tax was<br>withheld.                       | 3a<br>4a    |                                                                  | la                            |                           |           | ble amount .                             |                |             | -        |                                               |
| If you did not                             | -5a         |                                                                  | ia<br>ia                      |                           |           | ble amount                               |                |             | -        |                                               |
| get a Form                                 | 6           | Reserved for future use                                          |                               |                           |           |                                          |                |             | -        |                                               |
| W-2, see<br>instructions.                  | 7           | Capital gain or (loss). Attach Scheo                             |                               |                           |           |                                          |                |             |          |                                               |
|                                            | 8           | Other income from Schedule 1 (For                                | rm 1040),                     | line 10                   |           |                                          |                | . 8         |          |                                               |
|                                            | 9           | Add lines 1z, 2b, 3b, 4b, 5b, 7, and                             | 8. This is                    | s your <b>total effec</b> | tively co | nnected income                           |                | . 9         |          | 2,558.                                        |
|                                            | 10          | Adjustments to income:                                           |                               |                           |           |                                          |                |             |          |                                               |
|                                            | а           | From Schedule 1 (Form 1040), line                                | 26                            |                           |           | . 10a                                    |                |             |          |                                               |
|                                            | b           | Reserved for future use                                          |                               |                           |           | . 10b                                    |                |             |          |                                               |
|                                            | С           | Reserved for future use                                          |                               |                           |           |                                          |                |             |          |                                               |
|                                            | d           |                                                                  |                               | -                         |           |                                          |                |             | -        |                                               |
|                                            | 11          | Subtract line 10d from line 9. This is                           | -                             |                           |           |                                          |                |             | I        | 2,558.                                        |
|                                            | 12          | Itemized deductions (from Sched                                  |                               |                           |           |                                          |                |             |          | 10 050                                        |
|                                            | 12-         | deduction (see instructions) Qualified business income deduction |                               |                           |           | I I                                      | dn.US/India.Tr | eaty 12     | <u> </u> | 12,950.                                       |
|                                            | 13a<br>b    | Exemptions for estates and trusts                                |                               |                           |           |                                          |                |             |          |                                               |
|                                            | с<br>С      |                                                                  |                               |                           |           |                                          |                | . 13        | c        |                                               |
|                                            | 14          |                                                                  |                               |                           |           |                                          |                |             |          | 12,950.                                       |
|                                            | 15          | Subtract line 14 from line 11. If zero                           |                               |                           |           |                                          |                |             |          | 0.                                            |
| Far Disala and                             | -           | any Act and Banarwork Poduction Ac                               |                               |                           |           |                                          |                |             |          | 1010_NP (2022)                                |

| Form 1040-NR (    | 2022)    |                                                                                                                                                                                      |                  |             |           | Page <b>2</b>    |
|-------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|-----------|------------------|
| Tax and           | 16       | Tax (see instructions). Check if any from Form(s): 1 8814 2 497                                                                                                                      | 2 3              |             | 16        | 0.               |
| Credits           | 17       | Amount from Schedule 2 (Form 1040), line 3                                                                                                                                           |                  |             | 17        | 0.               |
|                   | 18       | Add lines 16 and 17                                                                                                                                                                  |                  |             | 18        | 0.               |
|                   | 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        | 0.               |
|                   | 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                                                                                                                                         | <u> </u>         |             | 24        | 0.               |
| Payments          | 25       | Federal income tax withheld from:                                                                                                                                                    |                  |             |           |                  |
|                   | а        | Form(s) W-2                                                                                                                                                                          | 25a              | 150.        | -         |                  |
|                   | b        | Form(s) 1099........................                                                                                                                                                 | 25b              |             | -         |                  |
|                   | С        | Other forms (see instructions)                                                                                                                                                       | 25c              |             |           |                  |
|                   | d        | Add lines 25a through 25c                                                                                                                                                            |                  |             | 25d       | 150.             |
|                   | 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 refunda                                                                                                            |                  |             | 32        | 1 - 0            |
| Defined           | 33<br>34 | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your <b>total payments</b> . If line 33 is more than line 24, subtract line 24 from line 33. This is the amoun                   |                  |             | 33<br>34  | 150.             |
| Refund            | 35a      | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, chec                                                                                                   |                  | _           | 35a       | <u> </u>         |
| Direct deposit?   | b        |                                                                                                                                                                                      |                  | Savings     | 554       | 130.             |
| See instructions. | b        | Account number 8 8 5 0 1 6 5 5 7                                                                                                                                                     |                  | Savings     |           |                  |
|                   | e<br>u   | If you want your refund check mailed to an address outside the United State                                                                                                          | not shown on     | nago 1      |           |                  |
|                   | C        | enter it here.                                                                                                                                                                       |                  | page 1,     |           |                  |
|                   | 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    | u want to allow another person to discuss this return with the IRS? See instruct                                                                                                     | ctions. 🗌 Ye     | s. Compl    | ete below | . 🛛 No           |
| Party             | Desig    |                                                                                                                                                                                      |                  | al identifi | cation    |                  |
| Designee          | name     |                                                                                                                                                                                      | numbe            | ( /         |           |                  |
|                   |          | 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              |          | signature   Date   Your occupation                                                                                                                                                   |                  |             |           | you an Identity  |
| Here              | Tour     |                                                                                                                                                                                      |                  |             |           | l, enter it here |
|                   |          | STUDENT WO                                                                                                                                                                           | RKER             | (see        | inst.)    |                  |
|                   | Phone    |                                                                                                                                                                                      |                  |             |           |                  |
| Paid              | Prepa    | rer's name Preparer's signature                                                                                                                                                      | Date             | PTIN        | C         | neck if:         |
| Preparer          |          | SYAM PRIYA RAM SAGAR GUPTA TALLAM                                                                                                                                                    | 03/01/2023       | P02082      | 2703 E    | Self-employed    |
| Use Only          |          | s name SYAMLRAMASXABS GUTTE TALLAM                                                                                                                                                   |                  | Phone no    | (0/0      | )965-9522        |
|                   | Firm's   | address 245 ROONEY CT E BRUNSWICK NJ 08816                                                                                                                                           |                  | Firm's El   |           | 3171965          |
| Go to www.irs.    | gov/Foi  | m1040NR for instructions and the latest information.                                                                                                                                 | REV 02/18/23 PR0 | D           | Form      | 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

ANURADHA VYAS

Your identifying number

870-67-3914

# Enter **amount of income** under the appropriate rate of tax. See instructions.

| Nature of Income   |                                                                                              |                       |          | (a) 10%                            | (b) 1E0/            | (a) 200/                | (d) Other (specify)                                            |                                                                       |  |  |  |
|--------------------|----------------------------------------------------------------------------------------------|-----------------------|----------|------------------------------------|---------------------|-------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|--|--|--|
|                    | nature of income                                                                             |                       |          | <b>(a)</b> 10%                     | <b>(b)</b> 15%      | <b>(c)</b> 30%          | %                                                              | %                                                                     |  |  |  |
| 1                  | Dividends and dividend equivalents:                                                          |                       |          |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| а                  | Dividends paid by U.S. corporations                                                          | . 1                   | la       |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| b                  | Dividends paid by foreign corporations                                                       | . 1                   | b        |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| с                  | Dividend equivalent payments received with respect to section 871(m) transaction             | ons 1                 | lc       |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| 2                  | Interest:                                                                                    |                       |          |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| а                  | Mortgage                                                                                     | . 2                   | 2a       |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| b                  | Paid by foreign corporations                                                                 | . 2                   | 2b       |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| С                  | Other                                                                                        | . 2                   | 2c       |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| 3                  | Industrial royalties (patents, trademarks, etc.)                                             |                       | 3        |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| 4                  | Motion picture or TV copyright royalties                                                     | . 4                   | 4        |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| 5                  | Other royalties (copyrights, recording, publishing, etc.)                                    | . 4                   | 5        |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| 6                  | Real property income and natural resources royalties                                         | . (                   | 6        |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| 7                  | Pensions and annuities                                                                       |                       | 7        |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| 8                  | Social security benefits                                                                     | . 8                   | 8        |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| 9                  | Capital gain from line 18 below                                                              | . 9                   | 9        |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| 10                 | Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0 |                       |          |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| а                  | Winnings                                                                                     |                       |          |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| b                  | Losses                                                                                       | . 10                  | 0c       |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| 11                 | Gambling winnings—Residents of countries other than Canada. Note: Losses not allowed         |                       | 1        |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| 12                 | Other (specify):                                                                             |                       |          |                                    |                     |                         |                                                                |                                                                       |  |  |  |
|                    |                                                                                              | 1                     | 12       |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| 13                 | Add lines 1a through 12 in columns (a) through (d)                                           |                       | 3        |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| 14                 | Multiply line 13 by rate of tax at top of each column                                        |                       | 4        |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| 15                 | Tax on income not effectively connected with a U.S. trade or business. Add co                |                       |          |                                    |                     |                         | -NR, line 23a <b>15</b>                                        |                                                                       |  |  |  |
|                    | Capital Gains and Losse                                                                      | es Fro                | om Sale  | es or Excha                        | nges of Propert     | t <b>y</b>              |                                                                |                                                                       |  |  |  |
| losses f<br>exchan |                                                                                              | e acquired<br>dd/yyyy |          | <b>(c)</b> Date sold<br>mm/dd/yyyy | (d) Sales price     | (e) Cost or other basis | (f) LOSS<br>If (e) is more than (d),<br>subtract (d) from (e). | <b>(g) GAIN</b><br>If (d) is more than (e),<br>subtract (e) from (d). |  |  |  |
| effectiv           | ely connected with a U.S.<br>s. Do not include a gain                                        |                       |          |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| or loss            | on disposing of a U.S. real                                                                  |                       |          |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| gains a            | y interest; report these nd losses on Schedule D                                             |                       |          |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| (Form 1<br>Poport  | 040). property sales or                                                                      |                       |          |                                    |                     |                         |                                                                |                                                                       |  |  |  |
| exchan             | ges that are effectively                                                                     |                       |          |                                    |                     |                         |                                                                |                                                                       |  |  |  |
|                    |                                                                                              |                       |          |                                    |                     |                         | · · · · · · · · · · · · · · · · · · ·                          |                                                                       |  |  |  |
| Form 4             | 797, or both. 18 Capital gain. Combine columns (f) and (g) of lin                            | e 17. E               | nter the | e net gain here                    | e and on line 9 abc | ove. It a loss, ente    | r-0 <b>18</b>                                                  |                                                                       |  |  |  |

| SCHE  | DUL  | E  | OI |
|-------|------|----|----|
| (Form | 1040 | -N | R) |

| Internal Revenue Service       Answer all questions.       s         Name shown on Form 1040-NR       Your identifying r         ANURADHA       VYAS       870-67-39         A       Of what country or countries were you a citizen or national during the tax year?       INDIA         B       In what country did you claim residence for tax purposes during the tax year?       United States         C       Have you ever applied to be a green card holder (lawful permanent resident) of the United States?       .         D       Were you ever:       .         1.       A U.S. citizen?       .       .         2.       A green card holder (lawful permanent resident) of the United States?       .       .         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 | 914                                         |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------|
| Answer all questions.       Answer all questions.         Name shown on Form 1040-NR       Your identifying r         ANURADHA       VYAS         A       Of what country or countries were you a citizen or national during the tax year? INDIA         B       In what country did you claim residence for tax purposes during the tax year? United States         C       Have you ever applied to be a green card holder (lawful permanent resident) of the United States?         D       Were you ever:         1.       A U.S. citizen?         2.       A green card holder (lawful permanent resident) of the United States?         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 year. <u>F1</u>                                                                                       | Sequence No.<br>number<br>914<br>Yes<br>Yes | X No     |
| Internal Revenue Service       Answer all questions.       s         Name shown on Form 1040-NR       Your identifying r         ANURADHA       VYAS       870-67-39         A       Of what country or countries were you a citizen or national during the tax year?       INDIA         B       In what country did you claim residence for tax purposes during the tax year?       United States         C       Have you ever applied to be a green card holder (lawful permanent resident) of the United States?       .         D       Were you ever:       .         1.       A U.S. citizen?       .       .         2.       A green card holder (lawful permanent resident) of the United States?       .       .         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 | Sequence No.<br>number<br>914<br>Yes<br>Yes | X No     |
| ANURADHA VYAS       870-67-39         A       Of what country or countries were you a citizen or national during the tax year? INDIA         B       In what country did you claim residence for tax purposes during the tax year? United States         C       Have you ever applied to be a green card holder (lawful permanent resident) of the United States?         D       Were you ever:         1.       A U.S. citizen?         2.       A green card holder (lawful permanent resident) of the United States?         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                                                                                                                                                                                                            | 914                                         | X No     |
| <ul> <li>A Of what country or countries were you a citizen or national during the tax year? <u>INDIA</u></li> <li>B In what country did you claim residence for tax purposes during the tax year? <u>United States</u></li> <li>C Have you ever applied to be a green card holder (lawful permanent resident) of the United States?</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ☐ Yes<br>☐ Yes                              | X No     |
| <ul> <li>B In what country did you claim residence for tax purposes during the tax year? United States</li> <li>C Have you ever applied to be a green card holder (lawful permanent resident) of the United States?</li> <li>D Were you ever: <ol> <li>A U.S. citizen?</li> <li>A U.S. citizen?</li> <li>A green card holder (lawful permanent resident) of the United States?</li> <li>A green card holder (lawful permanent resident) of the United States?</li> <li>A green card holder (lawful permanent resident) of the United States?</li> <li>If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.</li> </ol> </li> <li>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 year. <u>F1</u></li> </ul>                                                                                                                                                             | Yes                                         | X No     |
| <ul> <li>C Have you ever applied to be a green card holder (lawful permanent resident) of the United States?</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Yes<br>☐ Yes                              | X No     |
| <ul> <li>D Were you ever:</li> <li>1. A U.S. citizen?</li> <li>2. A green card holder (lawful permanent resident) of the United States?</li> <li>2. A green card holder (lawful permanent resident) of the United States?</li> <li>3. If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.</li> <li>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 year. F1</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Yes                                       | No       |
| <ol> <li>A U.S. citizen?</li> <li>A green card holder (lawful permanent resident) of the United States?</li> <li>A green card holder (lawful permanent resident) of the United States?</li> <li>If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.</li> <li>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. <u>F1</u></li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |          |
| <ul> <li>2. A green card holder (lawful permanent resident) of the United States?</li> <li>If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.</li> <li>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 year. <u>F1</u></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |          |
| <ul> <li>If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.</li> <li>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. <u>F1</u></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |          |
| <b>E</b> 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. <u>F1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |          |
| immigration status on the last day of the tax year. F1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |          |
| E Hove you over changed your vice type (perimmigrant statue) as LLC immigration statue?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _                                           | _        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                         | 🗙 No     |
| If you answered "Yes," indicate the date and nature of the change:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |          |
| <b>G</b> List 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | arted United                                | States   |
| mm/dd/yy mm/dd/yy mm/dd/yy m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nm/dd/yy                                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |          |
| H Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |          |
| 2020, 2021, and 2022365                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Yes</b>                                  | 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 U.S. person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ Yes                                       | No       |
| K Did you receive total compensation of \$250,000 or more during the tax year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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 claiming exemption from income tax under a U.S. income tax treaty with complete (1) through (3) below. See Pub. 901 for more information on tax treaties.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | a foreign                                   | country, |
| 1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the trea amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | aty benefit,                                | and the  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ount of exer<br>n current ta                |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |          |
| IN 21(2) 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             | 0.       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |          |
| (e) Total. Enter this amount on Form 1040-NR, line 1k. Do not enter it anywhere else on line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             | 0.       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                         | X No     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                         |          |
| 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.