Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

IIILEIIIAI	nevertue del vice						
Subm	ssion Identification Number (SID)						
Taxpaye	er's name	Social secu	ity numl	oer			
SAI	CHAND PATCHALA	711-74-4615					
Spouse		Spouse's social security number					
Part		year you	are au	thoriz	ing.)		
	whole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		Ι.	ı		456	
1	Adjusted gross income		1			476.	
2	Total tax		2			470.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			930.	
4 5	Amount you want refunded to you		5			460.	
Part			-	OUT I	eturi	<u> </u>	
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)						
to send for any Agent to payme authori payme busines taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected layin processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. so initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ont, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the patient of the With the U.S. and the With the U.S. and the size of the income tax return (original or amended) I are a first with the U.S. and the With the U.S. and the size of the IRS and the With the U.S. and the U.S. and the U.S. and the U.S. are also and the U.S. are also	ction of the S. Treasury cated in the in to debit the the authorial the processing ayment. I fu	transmistand its of tax preper entry zation. The receipt the elerther acceipt the receipt the receipt the acceipt the access t	ssion, design paration this to this for revolved no ectron sknowless	(b) the ated Fin softwaccoupke (cap later ic paying edge t	reason inancial vare for nt. This ancel) a than 2 ment of that the	
	nic Funds Withdrawal Consent.						
	yer's PIN: check one box only	500	4 4	5 1	5		
×	I authorize GLOBAL TAXES LLC to enter or generate ERO firm name	Ě	nter five		but	as my	
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	er all ze	ros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.						
Yours	signature ▶ Date ▶						
Snous	se's PIN: check one box only						
Ороц	I authorize to enter or generate	my DINI				as my	
_	ERO firm name		nter five	diaits.		as my	
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	r all ze	ros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.		_			_	
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part	III Certification and Authentication — Practitioner PIN Method Only						
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 6	$\begin{vmatrix} 1 \end{vmatrix}$	8 8	9	
		Don't er					
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	itting this re	urn in a	accord	anće v		
ERO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To I	o So					

Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan	ı. 1–C	Dec. 31, 2023, or other tax year begin	ning	, 2023,	ending			,	20		See separate instructions	
Your first name and middle initial								Your identifying number (see instructions)				
SAI CHAND)		PATCHALA						711-74-4615			
Home address (numl	per and street). If you have a P.O. bo	x, see ins	structions.				<u>'</u>			Apt. no.	
2 JACOB C	OB	LN										
City, town, or po	ost of	ffice. If you have a foreign address, a	lso comp	olete spaces below.			S	tate		ZIP	code	
Northboro	ugh	L	_				M	ΙA		01!	532	
Foreign country	nam	e	Foreig	n province/state/county			F	oreign p	ostal co	de		
Filing Status										tate	☐ Trus	st
Check only	lf :	you checked the QSS box, enter the	child's n	ame if the qualifying pers	son is a	child b	ut not yo	ur depe	ndent:			
one box.												
Digital Assets	At a	ny time during 2023, did you: (a) rece	eive (as a	reward, award, or paym	ent for p	roperty	or serv	ices); or	(b) sell,	exch	ange, or	
•		erwise dispose of a digital asset (or a								. [No
Dependents								(4) Check		c if qu	alifies for (see i	inst.):
(see instructions):		(1) First name Last name		(2) Dependent's identifying number		(3) Relationship to yo		Child	d tax cred	it	Credit for oth dependents	
		(i) i i st name		identifying nameer	(0) 1101	(3) Relationship to you						
If more than four									$\overline{\Box}$			
dependents, see instructions and									Ħ			
check here									$\overline{\Box}$			
Income	1a	Total amount from Form(s) W-2, bo	x 1 (see	instructions)					. 1a		121,03	6.
Effectively	b	Household employee wages not re	orted or	n Form(s) W-2					. 1b			
Connected	С	Tip income not reported on line 1a	(see instr	ructions)					. 1c			
With U.S.	d	Medicaid waiver payments not repo	orted on	Form(s) W-2 (see instruc	tions) .				. 1d			
Trade or	е	Taxable dependent care benefits from	om Form	2441, line 26					. 1e			
Business	f	Employer-provided adoption benef	ts from F	Form 8839, line 29 .					. 1f			
Attach	g	Wages from Form 8919, line 6 .							. 1g			
Form(s) W-2,	h											
1042-S,	i											
SSA-1042-S, RRB-1042-S,	J	j Reserved for future use										
and 8288-A here. Also	k	Total income exempt by a treaty froline 1(e)		,	tem L, 	1k						
attach	z	Add lines 1a through 1h							. 1z		121,03	6.
Form(s) 1099-R if	2 a	' —	а	b Tax	able inte	erest .			. 2b		1,41	
tax was	3a	Qualified dividends 3	а	b Ord	dinary di	vidend	s		. 3b		2	28.
withheld.	4a		а									
If you did not get a Form	5a		а									
W-2, see	6	Reserved for future use										
instructions.	7 8	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here										
	9	Add lines 1z, 2b, 3b, 4b, 5b, 7, and									122,47	76
,	10	Adjustments to income from Sched										<u> </u>
		income							10		100 :-	
	Subtract line 10 from line 9. This is your adjusted gross income									+	122,47	6.
,	12 Itemized deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction (see instructions)										13,85	50.
	13a Qualified business income deduction from Form 8995 or Form 8995-A . 13a											
	b	Exemptions for estates and trusts of	nly (see	instructions)		13b						
	С	Add lines 13a and 13b							. 13c			
	14									_	13,85	
	15	Subtract line 1/1 from line 11 If zero	or loce	antar - 0- This is your ta	vahla in	come			15	1	108 62	16

Form 1040-NR (2023)								Page 2
Tax and	16	Tax (see instructions). Check if ar	ny from Foi	rm(s): 1	314 2 497	2 3 🗌		16	19,470.
Credits	17	Amount from Schedule 2 (Form	1040), line	3				17	0.
	18	Add lines 16 and 17						18	19,470.
	19	Child tax credit or credit for other	er depende	ents from Sched	ule 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 z	ero or less	s, enter -0				22	19,470.
	23a	Tax on income not effectively co Schedule NEC (Form 1040-NR),				23a			
	b	Other taxes, including self-empl	-		,	23b			
	С	Transportation tax (see instruction	ons)			23c			
	d	Add lines 23a through 23c						23d	
	24	Add lines 22 and 23d. This is yo	ur total ta	x				24	19,470.
Payments	25	Federal income tax withheld from	m:						
-	а	Form(s) W-2				25a 1	9,930.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c						25d	19,930.
	е	Form(s) 8805						25e	
	f	Form(s) 8288-A						25f	
	g	Form(s) 1042-S						25g	
	26	2023 estimated tax payments ar	nd amount	applied from 20	022 return			26	
	27	Reserved for future use				27			
	28	Additional child tax credit from S	Schedule 8	8812 (Form 1040)	28			
	29	Credit for amount paid with Form	n 1040-C			29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3 (Form							
	32	Add lines 28, 29, and 31. These	are your t o	otal other paym	ents and refunda	ble credits .		32	
	33	Add lines 25d, 25e, 25f, 25g, 26	, and 32. T	hese are your to	otal payments .			33	19,930.
Refund	34	If line 33 is more than line 24, su				•		34	460.
	35a	Amount of line 34 you want refu	35a	460.					
Direct deposit?	b	Routing number 0 8 1 0							
See instructions.	d	Account number 3 5 5 0							
	е	If you want your refund check menter it here.							
	36	Amount of line 34 you want app	lied to you	ur 2024 estimat	ed tax	36			
Amount	37	Subtract line 33 from line 24. Th		-					
You Owe		For details on how to pay, go to	www.irs.g	ov/Payments or	see instructions.			37	
	38	Estimated tax penalty (see instru				38			(F-2)
Third	Do yo	ou want to allow another person to	discuss t	his return with th	ne IRS? See instru	ctions. $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	es. Compl	ete bel	ow. 🗵 No
Party	_	ignee's Phone Personal identif							
Designee	name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the								
		penalties of perjury, I declare that I ha they are true, correct, and complete. I							
Sign	Your	signature		Date	Your occupation		If the	IRS se	ent you an Identity
Here				Tour occupation			Prote	ection F	PIN, enter it here
-				SOFTWARE ENGINEER (see inst.)					
	Phone		1_	Email address		1= :	T ====		
Paid	Prepa	ırer's name	Preparer	's signature		Date	PTIN		Check if:
Preparer		VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470							Self-employed
Use Only	Firm's	s name GLOBAL TAXES	LLC				Phone no	, ,	78)965-9522
	Firm's	address 245 ROONEY (CT E BF	RUNSWICK N	J 08816		Firm's El	N 8	8-2145487
O- 4	/	40 40 ND for the standard to a second the sile						_	1040 ND (0000)

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

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Sequence No. 7B

Name shown on Form 1040-NR Your identifying number SAI CHAND PATCHALA 711-74-4615 Enter **amount of income** under the appropriate rate of tax. See instructions.

Nature of Income			(-) 100/	0/ /6) 150/	(-) 000/	(d) Other (specify)			
	Nature of income		(a) 10%	(b) 15%	(c) 30%	%	%		
1	Dividends and dividend equivalents:								
а	Dividends paid by U.S. corporations	1a							
b	Dividends paid by foreign corporations	1b							
С	Dividend equivalent payments received with respect to section 871(m) transactions	1c							
2	Interest:								
а	Mortgage	2a							
b	Paid by foreign corporations	2b							
С	Other	2c							
3	Industrial royalties (patents, trademarks, etc.)	3							
4	Motion picture or TV copyright royalties	4							
5	Other royalties (copyrights, recording, publishing, etc.)	5							
6	Real property income and natural resources royalties	6							
7	Pensions and annuities	7							
8	Social security benefits	8							
9	Capital gain from line 18 below	9							
10	Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0								
•	· · · · ·								
a b	Winnings Losses	10c							
11	Losses	100							
•••	Note: Enter winnings only. Losses aren't allowed	11							
12	Other (specify):								
		12							
13	Add lines 1a through 12 in columns (a) through (d)	13							
14	Multiply line 13 by rate of tax at top of each column	14							
15	Tax on income not effectively connected with a U.S. trade or business. Add colum					NR, line 23a 15			
	Capital Gains and Losses F	rom	Sales or Excha	nges of Proper	ty				
losses f	nly the capital gains and rom property sales or ges that are from sources the United States and not the capital gains and comproperty sales or ges that are from sources the United States and not the capital gains and growing the capital gains and		(c) Date sold mm/dd/yyyy	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e).	(g) GAIN If (d) is more than (e), subtract (e) from (d).		
	ely connected with a U.S. s. Do not include a gain								
or loss	on disposing of a U.S. real								
gains a	y interest; report these and losses on Schedule D								
(Form 1									
exchan	property sales or ges that are effectively								
						()			
	18 Capital gain. Combine columns (f) and (g) of line 17	'. Ente	er the net gain here	e and on line 9 abo	ove. If a loss, ente	r -0 18			

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

Go to www.irs.gov/Form1040NR for instructions and the latest information.

Answer all questions.

OMB No. 1545-0074

2023

Attachment
Sequence No. 7C

Department of the Treasury Internal Revenue Service

Name sl	nown on Form 1040-NR				Your identifying nun	nber					
SAI	CHAND PATCHALA	711-74-4615									
Α	Of what country or countries were you a citizen or national during the tax year? INDIA										
В	In what country did you claim residence for tax purposes during the tax year? United States										
С	Have you ever applied to be a										
D	Were you ever:										
1.	A U.S. citizen?				🗆	Yes 🗵 No					
2.											
	If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4,	for expatriation rules	s 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.										
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?										
G	List all dates you entered and	left the United States durin	g 2023. See instructi	ons.							
	Note: If you're a resident of C				ient intervals,						
	check the box for Canada or	Mexico and skip to item h	<u> </u>	🗌 Canada	☐ Mexico						
	Date entered United States	Date departed United Stat	es C	Date entered United State		United States					
	mm/dd/yy	mm/dd/yy		mm/dd/yy	mm/	dd/yy					
Н	Give number of days (including	•		•	-						
	2021	, 2022	, and 2	023365	·						
ı	Did you file a U.S. income tax If "Yes," give the latest year ar					Yes No					
J	Are you filing a return for a trus					Yes 🗵 No					
	If "Yes," did the trust have a l										
	U.S. person, or receive a contr					Yes _ No					
K	Did you receive total compens					Yes 🗵 No					
	If "Yes," did you use an alterna					Yes 🗌 No					
L	Income Exempt From Tax—If				tax treaty with a f	oreign country,					
	complete (1) through (3) below										
1.	Enter the name of the country, amount of exempt income in the				claimed the treaty	benefit, and the					
	· · · · · · · · · · · · · · · · · · ·		•								
	(a) Cou	ntry	(b) Tax treaty article	(c) Number of month claimed in prior tax ye	, , ,	t of exempt rrent tax year					
				Clairiled in prior tax ye	income in co	Tient tax year					
	(e) Total. Enter this amount or	n Form 1040-NR, line 1k. D	o not enter it anywh	ere else on line 1							
2.	Were you subject to tax in a fo		-		🗆	Yes No					
	Are you claiming treaty benefits pursuant to a Competent Authority determination?										
	If "Yes," attach a copy of the C		-								
М	Check the applicable box if:	•	,								
1.	This is the first year you are may with a U.S. trade or business u					ively connected					
2.	You have made an election in	, ,				d in the United					
	States as effectively connected										