| Form 8879 |
|----------------------------|
| (Rev. January 2021) |
| Department of the Treasury |

IRS e-file Signature Authorization

OMB No. 1545-0074

Internal Revenue Service

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

| Тахрауе | er's name | Social s | ecurity | / numb | er |
|---------|--|---|----------|---------|--------------|
| PRE | M SAI PRANEETH KALIPINDI | 096- | -29- | 4742 | 2 |
| Spouse | 's name | Spouse' | 's socia | al secu | irity number |
| Part | Tax Return Information – Tax Year Ending December 31, 2023 (Enter | vear vo | ou ar | e aut | horizina.) |
| Enter | whole dollars only on lines 1 through 5. | <u>, , , , , , , , , , , , , , , , , , , </u> | | | 57 |
| Note: | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | |
| 1 | Adjusted gross income | | . | 1 | 31,156. |
| 2 | Total tax | | | 2 | 1,859. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | . [| 3 | 3,110. |
| 4 | Amount you want refunded to you | | . [| 4 | 1,251. |
| 5 | Amount you owe | | . [| 5 | · · · |

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

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

| GLOBAL TAXES | LLC | to enter or generate my PIN |
|-----------------|------|-----------------------------|
| offering theres | == 0 | to onto of gonorato my i m |

| 9 | 4 | 7 | 4 | 2 | | | |
|---|---|---|---|---|--|--|--|
| Enter five digits, but don't enter all zeros | | | | | | | |

my

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.

Your signature

Date

Spouse's PIN: check one box only

I authorize

X I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

| Spouse's signature ► | | | • | | | | | | | | |
|----------------------|---|-----|----|---|-------|-------------|------|---|---|---|--|
| | Practitioner PIN Method Returns Only—continue | bel | ow | | | | | | | | |
| Part III | Certification and Authentication – Practitioner PIN Method Only | | | | | | | | | | |
| ERO's EFIN | J/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 | 2 | 2 | _ | 6 nter a | | 2 | 7 | 1 | |

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 🕨 | |
|---------------------------------|--|----------------------|--------------------------|
| D | ERO Must Retain This F on't Submit This Form to the I | | |
| For Depertury Reduction Act Not | ioo ooo your toy roturn instructions | DEV 03/07/34 DBO | Earm 8879 (Payr 01 2021) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

| 1040 | - | Department of the Treasury-Inter U.S. Nonresident Ali | | Return | 2023 | OMB No. 15 | 545-0074 | IRS Use or sta | e Only—Do not write aple in this space. | | |
|----------------------------------|----------|---|---------------------------------------|---------------|---|---|----------------|-------------------------|--|--|--|
| For the year Jar | n. 1–[| Dec. 31, 2023, or other tax year beginn | ing | , 2023, e | nding | , | 20 | | See separate instructions. | | |
| Your first name | | | Last name | | | | | Your identifying number | | | |
| | | | | | | | (see in | (see instructions) | | | |
| PREM SAI | PR | ANEETH | KALIPINDI | | | | 096 | -29- | 4742 | | |
| | | ber and street). If you have a P.O. box | , see instructions. | | | | | | Apt. no. | | |
| | | CRE CREEK CIR | | | | | | | | | |
| | | ffice. If you have a foreign address, al | so complete spaces be | elow. | | State | | ZIP c | | | |
| CHARLOTTE | | | · · · · · · · · · · · · · · · · · · · | . , . | | NC | | 282 | 62 | | |
| Foreign country | nam | le | Foreign province/sta | te/county | | Foreign | postal c | ode | | | |
| | | | | | | | | | | | |
| Filing Status | | Single 🛛 Married filing sepa | arately (MFS) | Qualifying | g surviving spous | e (QSS) | 🗌 E | state | Trust | | |
| Check only | lf | you checked the QSS box, enter the o | child's name if the qua | lifying perso | n is a child but n | ot your dep | endent: | | | | |
| one box. | | | | | | | | - | | | |
| Digital Assets | At a | ny time during 2023, did you: (a) rece | ve (as a reward, award | d, or paymer | nt for property or | services); c | r (b) sell | excha | inge, or | | |
| 9 | | erwise dispose of a digital asset (or a l | | | | | | | | | |
| Dependents | | | | | | (4) Ch | eck the b | | lifies for (see inst.): | | |
| (see instructions): | | (1) First name Last name | (2) Depen identifying | | (3) Relationship to | vou Chi | ld tax cre | dit | Credit for other dependents | | |
| | | | | | (,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | |
| If more than four | | | | | | | | | | | |
| dependents, see instructions and | | | | | | | | | | | |
| check here | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box | 1 (see instructions) | | | | . 1 | 3 | 31,156. | | |
| Effectively | b | Household employee wages not rep | orted on Form(s) W-2 | | | | . 11 |) | | | |
| Connected | С | Tip income not reported on line 1a (| | | | | | _ | | | |
| With U.S. | d | Medicaid waiver payments not repo | | | | | . 10 | | | | |
| Trade or | e | Taxable dependent care benefits fro | | | | | . 10 | _ | | | |
| Business | f | Employer-provided adoption benefit | | | | | . 1 | | | | |
| Attach | g h | Wages from Form 8919, line 6 Other earned income (see instructio | | | | | · 10 | | | | |
| Form(s) W-2, 1042-S, | i | Reserved for future use | | | | | " | • | | | |
| SSA-1042-S, | i | Reserved for future use | | | | | . 1 | i | | | |
| RRB-1042-S, | , k | Total income exempt by a treaty from | | | em L. | | | | | | |
| and 8288-A here. Also | | line 1(e) | · · | | 1k | | | | | | |
| attach | z | Add lines 1a through 1h | | | | | . 1: | 2 | 31,156. | | |
| Form(s) 1099-R if | 2a | Tax-exempt interest 2a | a | b Taxa | ble interest | | . 21 | > | | | |
| tax was | 3a | Qualified dividends 3a | | 1 | nary dividends . | | | - | | | |
| withheld. | 4a | IRA distributions 4a | | 1 | ble amount | | | | | | |
| If you did not get a Form | 5a c | Pensions and annuities 5a | | | ble amount | | | | | | |
| W-2, see | 6 7 | Reserved for future use Capital gain or (loss). Attach Schedu | | | | | . 6 | _ | | | |
| instructions. | 8 | Additional income from Schedule 1 | | | | | | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and | | | | | | - | 31,156. | | |
| | 10 | Adjustments to income from Sched | | | | | | | | | |
| | | | | | • | - | | b | | | |
| | 11 | Subtract line 10 from line 9. This is y | our adjusted gross ir | ncome . | | | . 1 | | 31,156. | | |
| | 12 | Itemized deductions (from Schedu | | | | | | | | | |
| | | deduction (see instructions) | | | | /India Tre | aty 1 2 | 2 | 13,850. | | |
| | 13a | Qualified business income deductio | | | | | | | | | |
| | b | Exemptions for estates and trusts of | , | | | | <u> </u> | | | | |
| | С 14 | Add lines 13a and 13b | | | | | | | 12 050 | | |
| | 14 15 | Add lines 12 and 13c | or less enter -0- This | | | | | | <u>13,850.</u> 17,306. | | |
| | | Subtract line 14 from line 11. Il Zero | | • | | | . 1 | | 1010 NB (2022) | | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

| Form 1040-NR (2 | 2023) | | | Page 2 |
|-------------------|---------|--|----------------|----------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 | 16 | 1,859. |
| Credits | 17 | Amount from Schedule 2 (Form 1040), line 3 | 17 | 0. |
| | 18 | Add lines 16 and 17 | 18 | 1,859. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 (Form 1040) | 19 | |
| | 20 | Amount from Schedule 3 (Form 1040), line 8 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | 22 | 1,859. |
| | 23a | Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15 | | |
| | b | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21 | | |
| | с | Transportation tax (see instructions) | - | |
| | d | Add lines 23a through 23c | 23d | |
| | 24 | Add lines 22 and 23d. This is your total tax | 24 | 1,859. |
| Payments | 25 | Federal income tax withheld from: | | <u> </u> |
| Fayments | 20 a | Form(s) W-2 | | |
| | b | Form(s) 1099 | - | |
| | c | Other forms (see instructions) | - | |
| | | Add lines 25a through 25c . <th>25d</th> <th>3,110.</th> | 25d | 3,110. |
| | d | 5 | | 5,110. |
| | e | Form(s) 8805 | 25e | |
| | f | Form(s) 8288-A | 25f | |
| | g | Form(s) 1042-S | 25g | |
| | 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | |
| | 27 | Reserved for future use . | 4 | |
| | 28 | Additional child tax credit from Schedule 8812 (Form 1040) 28 | _ | |
| | 29 | Credit for amount paid with Form 1040-C | _ | |
| | 30 | Reserved for future use . | 4 | |
| | 31 | Amount from Schedule 3 (Form 1040), line 15 | | |
| | 32 | Add lines 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments | 33 | 3,110. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1,251. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 35a | 1,251. |
| Direct deposit? | b | Routing number 0 8 1 9 0 4 8 0 8 c Type: C Checking Savings | | |
| See instructions. | d | Account number 2 9 1 0 2 8 8 7 9 5 7 2 | | |
| | е | If you want your refund check mailed to an address outside the United States not shown on page 1, | | |
| | | enter it here. | | |
| | 36 | enter it here Amount of line 34 you want applied to your 2024 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) | | |
| Third | Do yo | w want to allow another person to discuss this return with the IRS? See instructions. $\hfill \square$ Yes. Comp | lete below. | 🔀 No |
| Party | Desig | nee's Phone Personal identif | fication | |
| Designee | name | no number (PIN) | | |
| | | penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | | 0 |
| Sign | Your | signature Date Your occupation If th | e IRS sent yo | ou an Identity |
| Here | | | tection PIN, e | enter it here |
| | | IT EMPLOYEE (see | e inst.) | |
| | Phone | | | |
| Paid | Prepa | rer's name Preparer's signature Date PTIN | Cheo | ck if: |
| | SYAN | 1 PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/21/2024 P0208 | 2703 08 | Self-employed |
| Preparer | Firm's | s name GLOBAL TAXES LLC Phone r | 10. (678) | 965-9522 |
| Use Only | Firm's | s address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's E | IN | |
| Go to www.irs.g | gov/Fo | m1040NR for instructions and the latest information. BAA REV 03/07/24 PRO | Form 1 | 040-NR (2023) |

SCHEDULE NEC (Form 1040-NR)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0074

23

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

Attachment Sequence No. 7B Your identifying number

2

PREM SAI PRANEETH KALIPINDI

096-29-4742

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

| Nature of Income | | (a) 10% | (b) 15% | (c) 30% | (d) Other (specify) | | | | |
|--------------------------------|---|---|----------------------------|------------------|------------------------------------|---------------------|----------------------------|--|---|
| | | | (a) 10% | (b) 15% | (c) 30% | % | % | | |
| 1 | Dividends and divide | nd equivalents: | | | | | | | |
| а | Dividends paid by U. | S. corporations | | 1a | | | | | |
| b | Dividends paid by fo | reign corporations | | 1b | | | | | |
| с | Dividend equivalent p | ayments received with respect to section 871(m) tra | ansactions | 1c | | | | | |
| 2 | Interest: | | | | | | | | |
| а | Mortgage | | | 2a | | | | | |
| b | | prations | t t | 2b | | | | | |
| с | | | - | 2c | | | | | |
| 3 | | atents, trademarks, etc.) | | 3 | | | | | |
| 4 | | copyright royalties | | 4 | | | | | |
| 5 | | rights, recording, publishing, etc.) | F | 5 | | | | | |
| 6 | | e and natural resources royalties | | 6 | | | | | |
| 7 | | es | | 7 | | | | | |
| 8 | | its | | 8 | | | | | |
| 9 | | 18 below | | 9 | | | | | |
| 10 | | s of Canada only. Enter net income in column (c). | | | | | | | |
| а | Winnings | | | | | | | | |
| b | Losses | | | 10c | | | | | |
| 11 | Note: Enter winnings | s of countries other than Canada. | | 11 | | | | | |
| 12 | Other (specify): | | | | | | | | |
| | | | | 12 | | | | | |
| 13 | Add lines 1a through | 12 in columns (a) through (d) | | 13 | | | | | |
| 14 | Multiply line 13 by r | ate of tax at top of each column | | 14 | | | | | |
| 15 | Tax on income not e | ffectively connected with a U.S. trade or business | | | | | | NR, line 23a 15 | |
| | | Capital Gains and | Losses F | rom | Sales or Excha | inges of Proper | ty | | |
| losses f exchan within t | only the capital gains and from property sales or Iges that are from sources the United States and not | 16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acqu mm/dd/yyy | | (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). |
| | vely connected with a U.S. ss. Do not include a gain | | | | | | | | |
| or loss | on disposing of a U.S. real | | | | | | | | |
| gains a | ty interest; report these and losses on Schedule D | | | | | | | | |
| (Form 1 | • | | | | | | | | |
| | property sales or ges that are effectively | | | | | | | | |
| connec | edule D (Form 1040), | | | | | | | () | |
| | 4797, or both. | 18 Capital gain. Combine columns (f) and (g | g) of line 17. | Ente | r the net gain here | e and on line 9 abo | ove. If a loss, enter | r-0 18 | |
| | | | | | | | | | |

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

Μ

Other Information

Attach to Form 1040-NR.

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

OMB No. 1545-0074 2 Attachment Sequence No. 7C

| | Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040NR for instructions and the latest information. Answer all questions. | | | | | | lo. 7C |
|---------|---|---|-----------------------|---------------------------------------|----------------|---------------------------|-------------|
| Name sł | nown on Form 1040-NR | | • | | Your identify | | |
| PREM | I SAI PRANEETH KALIP | INDI | | | 096-29- | -4742 | |
| Α | Of what country or countries | were you a citizen or national du | uring the tax | year? INDIA | | | |
| в | - | • | | | | | |
| С | Have you ever applied to be a | n residence for tax purposes du n green card holder (lawful perm | nanent resider | nt) of the United States? . | | . 🗌 Yes | 🛛 No |
| D | Were you ever: | | | | | | |
| 1. | A U.S. citizen? | | | | | . 🗌 Yes | 🔀 No |
| 2. | A green card holder (lawful pe | ermanent resident) of the United | States? . | | | . 🗌 Yes | 🗙 No |
| | | 2), see Pub. 519, chapter 4, for | | | | | |
| Е | | day of the tax year, enter your | r visa type. If | you didn't have a visa, en | iter your U.S | 3. | |
| | immigration status on the last | · · · · · · · · · · · · · · · · · · · | | | | | |
| F | Have you ever changed your If you answered "Yes," indica | visa type (nonimmigrant status) te the date and nature of the ch | or U.S. immi ange: | gration status? | | . 🗌 Yes | 🗙 No |
| G | List all dates you entered and | left the United States during 20 | 023. See instr | uctions. | | | |
| | | Canada or Mexico AND commu r Mexico and skip to item H . | | | ient intervals | | |
| | Date entered United States mm/dd/yy | Date departed United States mm/dd/yy | | Date entered United State mm/dd/yy | s Date de | eparted Unite mm/dd/yy | d States |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| н | Cive number of days (including | vacation, nonworkdays, and pa |] rtial dava) vau | wore present in the United | | | |
| п | | | | | | J. | |
| 1 | Did you file a LLS income tax | , 2022, return for any prior year? | , , ai | iu 2023 303 | ·· | . XYes | 🗌 No |
| • | | nd form number you filed: | | | | | |
| J | Are vou filing a return for a tru | st? | | | | . 🗌 Yes | 🗙 No |
| | | U.S. or foreign owner under th | | | | | |
| | U.S. person, or receive a cont | ribution from a U.S. person? . | | | | · 🗌 Yes | 🗌 No |
| Κ | Did you receive total compension | sation of \$250,000 or more duri | ing the tax ye | ar? | | . 🗌 Yes | 🛛 No |
| | If "Yes," did you use an altern | ative method to determine the | source of this | compensation? | | . 🗌 Yes | 🗌 No |
| L | | f you are claiming exemption v. See Pub. 901 for more inform | | | tax treaty w | <i>i</i> ith a foreigr | n country, |
| 1. | | the applicable tax treaty article, ne columns below. Attach Form | | | claimed the | treaty benef | it, and the |

| | | • | | |
|----|--|---------------------------|---|---|
| | (a) Country | (b) Tax treaty article | (c) Number of months claimed in prior tax years | (d) Amount of exempt income in current tax year |
| | | | | |
| | | | | |
| | | | | |
| | (e) Total. Enter this amount on Form 1040-NR, line 1k. D | Do not enter it anywher | e else on line 1 | |
| 2. | Were you subject to tax in a foreign country on any of the | e income shown in 1(d) | above? | 🗌 Yes 🗌 No |
| 3. | Are you claiming treaty benefits pursuant to a Competen | t Authority determination | on? | 🗌 Yes 🛛 No |
| | If "Yes," attach a copy of the Competent Authority deterr | mination letter to your r | eturn. | |
| | Check the applicable box if: | | | |
| 1. | This is the first year you are making an election to treat in with a U.S. trade or business under section 871(d). See in | | 5 | , |
| 2. | You have made an election in a previous year that has States as effectively connected with a U.S. trade or busin | | | |
| Pa | perwork Reduction Act Notice, see the Instructions for Fo | orm 1040-NR. B | ΔΔ REV 03/07/24 PRO | Schedule OI (Form 1040-NR) 2023 |

For Paperwork Reduction Act Notice, see the Instructions for Form 1040-NR. BAA