Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

| Taxpay | ver's name | Social security | | | | | | |
|--------|---|-----------------|---------|---------|------------|--|--|--|
| UJW | IAL NANISETTY | 863-13-8755 | | | | | | |
| Spouse | se's name Spouse's social security num | | | | | | | |
| Par | t I Tax Return Information – Tax Year Ending December 31, 2023 (Ent | er yeai | r you a | re autł | 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 | 46,676. | | | |
| 2 | Total tax | | | 2 | 3,719. | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | 3 | 5,297. | | | |
| 4 | Amount you want refunded to you | | | 4 | 1,578. | | | |
| 5 | | | | 5 | | | | |
| Par | 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

| X | I authorize | GLOBAL TAXES | LLC | to enter or generate my PIN |
|---|-------------|--------------|-----|-----------------------------|
| | | | | |

| 3 | 8 | 7 | 5 | 5 | |
|------------|------------------|-----------------|-----------------|------------|-------|
| Ent dor | er fiv n't er | ve di nter a | gits, all ze | but ros | as 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

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 | ► Da | ate 🕨 | • | | | | | | | |
|--------------------|---|-------|----|--|-----------------|------|---|---|---|--|
| | Practitioner PIN Method Returns Only—continue | bel | ow | | | | | | | |
| Part III Certifi | ication and Authentication – Practitioner PIN Method Only | | | | | | | | | |
| ERO's EFIN/PIN. E | nter your six-digit EFIN followed by your five-digit self-selected PIN. | 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 🕨 | |
|--------------------------------------|---|------------------|--------------------------|
| | ERO Must Retain This Form — Se Ibmit This Form to the IRS Unless | | |
| For Denominaria Deduction Act Nation | very tex veture instructions | BEV 02/05/24 DBO | Earm 8879 (Bay, 01 2021) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/24 PRO

| 1040 | -1 | IR Department of the Treasury-Inter U.S. Nonresident Ali | nal Reven en In e | ue Service come Tax R | eturn | 2023 | OMB No. 1 | 545-0074 | | only—Do not write e in this space. |
|--|--------|--|-----------------------------|----------------------------------|----------------|---------------------|--------------|----------------|----------------|---------------------------------------|
| For the year Jan | . 1–C | ec. 31, 2023, or other tax year beginn | ing | , | 2023, er | nding | | , 20 | | e separate structions. |
| Your first name | | | Last na | | | | | Your i | 1 | g number |
| UJWAL | | | NANI | SETTY | | | | 863 | -13-8' | 755 |
| Home address (| numl | per and street). If you have a P.O. box | | | | | | | | Apt. no. |
| 6920 PARK | RID | GE BLVD | | | | | | | | 374 |
| City, town, or po | ost of | ffice. If you have a foreign address, als | so comp | lete spaces below | Ι. | | State | | ZIP coc | de |
| IRVING | | | | | | | TX | | 7506 | 3 |
| Foreign country | nam | e | Foreigr | n province/state/c | ounty | | Foreign | postal co | ode | |
| Filing Status Check only one box. | | Single Married filing sepa | | | | surviving spous | | Es bendent: | state | Trust |
| Digital Assets | | ny time during 2023, did you: (a) recei erwise dispose of a digital asset (or a f | | | | | | | | |
| Dependents | | | | | | | (4) C | heck the bo | ox if qualifie | es for (see inst.): |
| (see instructions): | | (1) First name Last name | | (2) Dependent identifying num | | (3) Relationship to | you Ch | ild tax cre | ו דור | redit for other dependents |
| If more than four | | | | | | | | | | |
| dependents, see | | | | | | | | | | |
| instructions and check here | | | | | | | | | | |
| | 1a | Total amount from Form(s) W-2, box | 1 (soo ii | netructione) | | | | . 1 | | 46,676. |
| Income Effectively | b | Household employee wages not rep | • | , | | | | | | 10,070. |
| Connected | c | Tip income not reported on line 1a (s | | | | | | | | |
| With U.S. | d | Medicaid waiver payments not report | | | | | | | | |
| Trade or | e | Taxable dependent care benefits fro | | | | | | | | |
| Business | f | Employer-provided adoption benefit | | - | | | | | | |
| Duomooo | g | Wages from Form 8919, line 6 . | | | | | | | 1 | |
| Attach | h | Other earned income (see instruction | | | | | | | | |
| Form(s) W-2, 1042-S, | i | Reserved for future use | | | | | | | | |
| SSA-1042-S, | j | Reserved for future use | | | | | | . 1j | | |
| RRB-1042-S, and 8288-A here. Also | k | Total income exempt by a treaty from line 1(e) | | | | | | | | |
| attach | z | Add lines 1a through 1h | · · | | | | | . 12 | 2 | 46,676. |
| Form(s) 1099-R if | 2a | Tax-exempt interest 2a | ı | | b Taxal | ble interest | | . 2t |) | |
| tax was | 3a | Qualified dividends 3a | 1 | | b Ordin | ary dividends . | | . 3k | > | |
| withheld. | 4a | IRA distributions 4a | ۱ | | b Taxal | ble amount | | . 4t |) | |
| If you did not | 5a | Pensions and annuities 5a | | | | ble amount | | | | |
| get a Form W-2, see | 6 | Reserved for future use | | | | | | | - | |
| instructions. | 7 | Capital gain or (loss). Attach Schedu | | | | • | | | | |
| | 8 | Additional income from Schedule 1 (| | | | | | | _ | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8 | | | | | | | | 46,676. |
| | 10 | Adjustments to income from Schedu | • • | | | | • • • | . 10 | | |
| • | 11 | Subtract line 10 from line 9. This is y | our adju | isted gross inco | ne . | | | . 11 | | 46,676. |
| | 12 | Itemized deductions (from Schedu deduction (see instructions) | • • | | | . Std Dedn US | | | 2 | 13,850. |
| | 13a | Qualified business income deduction | n from Fo | orm 8995 or Form | 1 8995-A | . 13a | | | | |
| | b | Exemptions for estates and trusts or | • | , | | | | | | |
| | с | Add lines 13a and 13b | | | | | | . 13 | c | |
| | 14 | | | | | | | | | 13,850. |
| | 15 | Subtract line 14 from line 11. If zero | | | | | | . 15 | | 32,826. |
| For Disclosure, | Priva | cy Act, and Paperwork Reduction Act | Notice, | see separate inst | ructions. | | | | Form 10 | 040-NR (2023) |

| 2023) | | | | | | | | Page 2 |
|----------------|---|--|---|---|---|---|--|---|
| 16 | Tax (see instructions). Check if an | y from Fo | rm(s): 1 🗌 88 | 314 2 🗌 497 | 2 3 | | 16 | 3,719. |
| 17 | | | | | | | . 17 | 0. |
| 18 | | | | | | | | 3,719. |
| 19 | Child tax credit or credit for othe | r depende | ents from Sched | ule 8812 (Form 10 | 40) | | . 19 | |
| 20 | | | | • | | | . 20 | |
| 21 | | | | | | | . 21 | |
| 22 | | | | | | | . 22 | 3,719. |
| 23a | | | | | | | | |
| | - | | | | | | | |
| h | | | | | | | | |
| ~ | | - | | . , | 23b | | | |
| с | | | | | | | | |
| | | , | | | | | 23d | |
| | - | | | | | | | 3,719. |
| | | | <u> </u> | <u></u> | | | . 27 | 5,115. |
| | | | | | 25a | 5 20 | 97 | |
| | | | | | | 5,2. | <u> </u> | |
| | | | | | | | _ | |
| | () | | | | | | 254 | 5,297. |
| | 5 | | | | | | | 5,297. |
| | | | | | | | | |
| | | | | | | | | |
| - | | | | | | | | |
| | 1,2 | | •• | | | • • | . 26 | |
| | | | | | | | _ | |
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| | • | | | | | | _ | |
| | | | | | | | | |
| | , | · · · | | | L | | | |
| | | | | | | | | |
| | | | | | | | | 5,297. |
| 34 | | | | | | | _ | 1,578. |
| 35a | | | | | | | | 1,578. |
| b | | | | "." | Checking | Savir | ngs | |
| d | | | | | | | | |
| е | If you want your refund check m | ailed to a | n address outsid | le the United State | es not shown on | page | ə 1, | |
| | enter it here. | | | | | | | |
| 36 | Amount of line 34 you want appl | ied to yo | ur 2024 estimat | ed tax | 36 | | | |
| 37 | Subtract line 33 from line 24. Thi | s is the aı | mount you owe. | | | | | |
| | For details on how to pay, go to | www.irs.g | <i>ov/Payments</i> or | see instructions . | | | · 37 | |
| 38 | Estimated tax penalty (see instru | ctions) | | | 38 | | | |
| Do yo | u want to allow another person to | discuss t | his return with th | ne IRS? See instru | ctions. 🗌 Y | es. C | omplete be | elow. 🛛 No |
| Desig | nee's | | Phone | | Perso | nal id | entificatior | I |
| name | | | no. | | numb | er (Pl | N) | |
| | | | | | | | | |
| belief, | | | | | | | | , , |
| Your signature | | | Date | Your occupation | | | | sent you an Identity |
| | | | | | | | | PIN, enter it here |
| | | | | ENGINEER | | | (see inst.) | |
| | | Du | | | Dete | DT | | |
| Prepa | rer's name | • | • | | | | | Check if: |
| CAVW | PRIYA RAM SAGAR GUPTA TALLAM | SYAM PR | RIYA RAM SAGAF | R GUPTA TALLAM | 02/16/2024 | P02 | 2082703 | Self-employed |
| DIAN | | | | | | | | |
| | name GLOBAL TAXES I | LLC | | | | Pho | | 378)965-9522 34-3171965 |
| | 16 17 18 19 20 21 22 23a b c d 24 25 a b c d 24 25 a b c d 24 25 30 31 32 33 34 35a 6 d e f g 26 27 28 29 30 31 32 33 34 35a 34 35a 6 d e f g 26 27 28 29 30 31 27 28 29 30 31 27 28 29 30 31 32 33 34 35 37 37 38 Do yo Desigi name Under belief, Your s E | 16 Tax (see instructions). Check if an 17 Amount from Schedule 2 (Form 1 18 Add lines 16 and 17 19 Child tax credit or credit for othe 20 Amount from Schedule 3 (Form 1 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zd 23a Tax on income not effectively conschedule NEC (Form 1040-NR), I b Other taxes, including self-emptoreline 21 c Transportation tax (see instruction d Add lines 23 a through 23c 24 Add lines 22 and 23d. This is you 25 Federal income tax withheld from a Form(s) W-2 b Form(s) 1099 | 16 Tax (see instructions). Check if any from Form Amount from Schedule 2 (Form 1040), line 4 Add lines 16 and 17 | 16 Tax (see instructions). Check if any from Form(s): 1 8 17 Amount from Schedule 2 (Form 1040), line 3 . . 18 Add lines 16 and 17 . . . 19 Child tax credit or credit for other dependents from Schedul 20 Amount from Schedule 3 (Form 1040), line 8 . . 21 Add lines 19 and 20 . . . 22 Subtract line 21 from line 18. If zero or less, enter -0 . . 23a Tax on income not effectively connected with a U.S. trade of Schedule NEC (Form 1040-NR), line 15 . . b Other taxes, including self-employment tax, from Schedul line 21 . . . d Add lines 22 and 23d. This is your total tax . . . c Transportation tax (see instructions) d Add lines 25 and 23d. Though 25c c Other forms (see instructions) d Add lines 25a through 25c | 16 Tax (see instructions). Check if any from Form(s): 1 B814 2 447 17 Amount from Schedule 2 (Form 1040), line 3 18 Add lines 16 and 17 . | 16 Tax (see instructions). Check if any from Form(s): 1 B814 2 4972 3 17 Amount from Schedule 2 (Form 1040), line 3 | 16 Tax (see instructions). Check if any from Form(s): 1 814 2 4972 3 | 16 Tax (see instructions). Check if any from Form(s): 1 814 2 4972 3 16 17 Anount from Schedule 2 (Form 1040), line 3 . |

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

Sequence No. 7B Your identifying number

2

Attachment

863-13-8755

UJWAL NANISETTY

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

| | Nature of | Nature of Income | | | (a) 10% | (b) 15% | (c) 30% | (d) Other | r (specify) |
|--------------------------------|--|---|-------------------------------------|--------|-----------------------------|---------------------|----------------------------|--|--|
| | Nature of | IIICOIIIe | | | (a) 10% | (d) 15% | (c) 30% | % | % |
| 1 | Dividends and dividend equivalents: | | | | | | | | |
| а | Dividends paid by U.S. corporations | | | 1a | | | | | |
| b | Dividends paid by foreign corporations | nds paid by foreign corporations | | | | | | | |
| с | Dividend equivalent payments received w | | | | | | | | |
| 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, p | ublishing, etc.) | | 5 | | | | | |
| 6 | Real property income and natural resou | rces 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. I | Enter net income in column | (c). | | | | | | |
| а | Winnings | | | | | | | | |
| b | | | | 10c | | | | | |
| 11 | Gambling-Residents of countries othe Note: Enter winnings only. Losses aren | r than Canada. 't allowed | | 11 | | | | | |
| 12 | Other (specify): | | | | | | | | |
| | | | | 12 | | | | | |
| 13 | Add lines 1a through 12 in columns (a) | 0 () | ł | 13 | | | | | |
| 14 | Multiply line 13 by rate of tax at top o | | L | 14 | | | | | |
| 15 | Tax on income not effectively connecte | | | | | | | NR, line 23a 15 | |
| | | Capital Gains a | nd Losses F | rom | Sales or Excha | nges of Proper | ty | | |
| losses f exchan within t | from property sales or ges that are from sources the United States and not | property and description ry, attach statement of details not shown below) | (b) Date acquired mm/dd/yyyy | | (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 | | | | | | | | |
| | on disposing of a U.Š. real | | | | | | | | |
| gains a | ind losses on Schedule D | | | | | | | | |
| (Form 1 Peport | property sales or | | | | | | | | |
| exchan | iges that are effectively | | | | | | | | |
| | | | | | | | | () | |
| | 18 Capital gair | Combine columns (f) an | d (g) of line 17. | . Ente | r 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.

| 0 | MB No. 154 | 5-0074 |
|---|------------|--------|
| | 202 | 23 |
| A | ttachment | |

| | ent of the Treasury Go t Revenue Service | o www.irs.gov/Form1040N Ans | IR for instructions and swer all questions. | the latest information. | | Attachment Sequence N | o. 7C |
|---------|--|---------------------------------------|---|--------------------------------------|---------------|---------------------------|--------------|
| Name sł | nown on Form 1040-NR | | | | Your identify | | |
| UJWA | L NANISETTY | | | | 863-13- | -8755 | |
| Α | Of what country or countries v | vere you a citizen or nation | al during the tax year? | INDIA | | | |
| в | In what country did you claim | residence for tax purpose | es during the tax year? | United States | | | |
| С | Have you ever applied to be a | green card holder (lawful p | permanent resident) of | the United States? . | | . 🗌 Yes | 🗙 No |
| D | Were you ever: | | | | | | |
| | | | | | | | 🔀 No |
| 2. | A green card holder (lawful pe | | | | • • • | . 🗌 Yes | 🔀 No |
| _ | If you answer "Yes" to (1) or (2 | | | | | | |
| Е | If you had a visa on the last of immigration status on the last of | | | | | | |
| F | Have you ever changed your v If you answered "Yes," indicat | visa type (nonimmigrant sta | atus) or U.S. immigratic | on status? | | . 🗌 Yes | 🗙 No |
| G | List all dates you entered and | left the United States durir | | | | | |
| | Note: If you're a resident of C | | | | ent intervals | 3, | |
| | check the box for Canada or | Mexico and skip to item I | <u>H.</u> <u>.</u> | 🗌 Canada | | 0 | |
| | Date entered United States mm/dd/yy | Date departed United Stat mm/dd/yy | tes Da | te entered United States mm/dd/yy | 3 Date de | eparted Unite mm/dd/yy | d States |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Н | Give number of days (including | · · · | | • | - | g: | |
| | 2021 | , 2022 | , and 202 | 23365 | ·· | | _ |
| I | Did you file a U.S. income tax | | | | | | ∐ No |
| | If "Yes," give the latest year an | id form number you filed: | 104 | ONR | | | |
| J | Are you filing a return for a true | | | | | | 🗙 No |
| | If "Yes," did the trust have a UU.S. person, or receive a control | | | | | _ | |
| V | Did you receive total compens | | | | | | ∐ No ⊠ No |
| К | If "Yes," did you use an alterna | | • • | | | | |
| L | Income Exempt From Tax—If | | | | | | |
| - | complete (1) through (3) below | | | | an treaty w | nur a loreign | r country, |
| 1. | Enter the name of the country, | | | | claimed the | treaty benefi | t, and the |
| | amount of exempt income in th | | | | | , , , | , |
| | (a) Cou | ntry | (b) Tax treaty article | (c) Number of month | s (d) / | Amount of exe | empt |
| | | | | claimed in prior tax yea | | ne in current ta | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | _ | | |
| | | | | | | | |
| | | | | | <u> </u> | | |
| _ | (e) Total. Enter this amount o | | | | | | |
| | Were you subject to tax in a fo | | | | | | ∐ No |
| 3. | Are you claiming treaty benefit | | | | | . 🗌 Yes | 🗙 No |
| | If "Yes," attach a copy of the C | competent Authority deterr | mination letter to your i | return. | | | |
| M 1 | Check the applicable box if: This is the first year you are m | aking an election to treat it | non from real prope | rty located in the Unite | d Statas as | offoctivoly | opposted |
| 1. | with a U.S. trade or business u | | | | | | |

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

BAA

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

REV 02/05/24 PRO Schedule OI (Form 1040-NR) 2023