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 | er's name | | Social security number | | | | | | | |
|--------|---|-------------|------------------------|-------------|-----------|--|--|--|--|--|
| ANG | AD SINGH | | 346-29- | -9531 | | | | | | |
| Spouse | 's name | | Spouse's soci | ial securit | y number | | | | | |
| D | | | | | | | | | | |
| Par | Tax Return Information — Tax Year Ending December 31, | 2023 (Enter | year you a | re auth | orizing.) | | | | | |
| 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 | 77,067. | | | | | |
| 2 | Total tax | | | 2 | 9,217. | | | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | 3 | 11,925. | | | | | |
| 4 | Amount you want refunded to you | | | 4 | 2,708. | | | | | |
| 5 | Amount you owe | | | 5 | | | | | | |
| Part | 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

| | | | | FBO firm name | | En |
|---|-------------|--------|-------|---------------|-----------------------------|----|
| X | l authorize | GLOBAL | TAXES | LLC | to enter or generate my PIN | Ľ |
| | | | - | | | 19 |

| Ent | as my | | | | |
|-----|----------|------------------|-------------------------|-------------------------------|--|
| 9 | 9 | 5 | 3 | 1 | |
| | 9 Ent | 9 9 Enter fiv | 9 9 5 Enter five dig | 9 9 5 3 Enter five digits, | 9 9 5 3 1 Enter five digits, but don't enter all zeros |

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

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

Your signature 🕨

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

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

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

| Spouse's signature | Date | | | | | | | | |
|---|------|---|---|--|---|--|-----|------|---|
| Practitioner PIN Method Returns Only—continue below | | | | | | | | | |
| Part III Certification and Authentication – Practitioner PIN Method Only | | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 | 2 | 2 | | _ | | 0 { | 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 — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So | | | | | | | | |
| Fee Demonstrally Deducations A at Notice | | DEV 00/05/04 DD0 | Farm 9970 (Day, 01.0001) | | | | | |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

| 1040 | - | VR Department of the Treasury-Intern U.S. Nonresident Alio | al Revenue Service en Income Tax I | Return | 2023 | OMB No. 1 | 545-0074 | IRS Use or stap | Only—Do not write ple in this space. | | |
|--|-------------|---|--|--------------------------|--|-------------------|-----------------|--|---|--|--|
| For the year Jan | . 1–I | Dec. 31, 2023, or other tax year beginni | ning, 2023, ending | | | | , 20 | See separate instructions. | | | |
| Your first name | | | Last name | | | | Your i | Your identifying number (see instructions) | | | |
| ANGAD | | | SINGH 346-29-9531 | | | | | | | | |
| | num | ber and street). If you have a P.O. box, | | | | | 010 | | Apt. no. | | |
| 21 PATERS | | | | | | | | | | | |
| City, town, or po | ost c | ffice. If you have a foreign address, als | o complete spaces belo | w. | | State | | ZIP co | de | | |
| JERSEY CITY | | | | | | NJ | | 0730 |)7 | | |
| Foreign country | nan | ne | Foreign province/state/ | 'county | | Foreign | postal c | ode | | | |
| | | | | | | | | | | | |
| Filing Status Check only one box. | | | checked the QSS box, enter the child's name if the qualifying person is a child but not your dependent | | | | | | | | |
| Digital Assets | At a oth | any time during 2023, did you: (a) receiv erwise dispose of a digital asset (or a fi | ve (as a reward, award, o nancial interest in a digi | or paymen tal asset)? | t for property or (See instructions | services); s.) | or (b) sell | , exchar · 🗙 | nge, or Yes 🗌 No | | |
| Dependents | | | | | | (4) C | heck the b | ox if quali | ifies for (see inst.): | | |
| (see instructions): | | (1) First name Last name | (2) Depender identifying nur | | (3) Relationship to y | | nild tax cre | dit C | Credit for other dependents | | |
| | | | | | | you | | | | | |
| 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 | 88,858. | | |
| Effectively | b | Household employee wages not repo | orted on Form(s) W-2 . | | | | . 11 | b | | | |
| Connected | С | Tip income not reported on line 1a (s | ee instructions) | | | | . 10 | > | | | |
| With U.S. | d | Medicaid waiver payments not report | | | | | . 10 | 1 | | | |
| Trade or | е | Taxable dependent care benefits from | • | | | | . 10 | | | | |
| Business | f | Employer-provided adoption benefits | | | | | | | | | |
| Attach | g | Wages from Form 8919, line 6 | | | | | . 19 | - | | | |
| Form(s) W-2, | h i | Other earned income (see instruction Reserved for future use | , | | | | . 1 | 1 | | | |
| 1042-S, SSA-1042-S, | j | Reserved for future use | | | | | . 1 | | | | |
| RRB-1042-S, and 8288-A | , k | Total income exempt by a treaty from | n Schedule OI (Form 104 | 0-NR), ite | m L, | | | | | | |
| here. Also attach | z | line 1(e) | | | | | . 1 | | 88,858. | | |
| Form(s) | 2a | Tax-exempt interest 2a | | | ble interest | | | | 1. | | |
| 1099-R if tax was | 3a | Qualified dividends 3a | | | ary dividends . | | | | 3. | | |
| withheld. | 4a | IRA distributions 4a | | | ble amount | | | 5 | | | |
| lf you did not | 5a | Pensions and annuities 5a | | b Taxal | ble amount | | . 5 | 2 | | | |
| get a Form W-2, see | 6 | Reserved for future use | · · · · · · · | | | | . 6 | | | | |
| instructions. | 7 | Capital gain or (loss). Attach Schedul | e D (Form 1040) if requi | red. If not | required, check | nere | | | 173. | | |
| | 8 | Additional income from Schedule 1 (F | | | | | | | -11,968. | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8 | . This is your total effec | tively con | nnected income | | . 9 | | 77,067. | | |
| | 10 | Adjustments to income from Schedu | ıle 1 (Form 1040), line 2 | | | - | |) | | | |
| | 11 | Subtract line 10 from line 9. This is yo | our adjusted gross inc | ome. | | | . 1 | 1 | 77,067. | | |
| | 12 | Itemized deductions (from Schedul deduction (see instructions) | | | | | | 2 | 13,850. | | |
| | 13a | Qualified business income deduction | | | | | | | | | |
| | b | Exemptions for estates and trusts on | | | | | | | | | |
| | С | Add lines 13a and 13b | | | | | | | | | |
| | 14 | | | | | | | - | 13,850. | | |
| | 15 | Subtract line 14 from line 11. If zero o | | your taxa | ible income . | | . 1 | | 63,217. | | |

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

| orm 1040-NR (| 2023) | | | | | | | Page 2 |
|---------------------------------|---------|---|--------------------------------------|-----------------------|-----------------|------------------|-------------|---------------------|
| Fax and | 16 | Tax (see instructions). Check if any | / from Form(s): 1 | 8814 2 497 | 2 3 | | 16 | 9,217. |
| redits | 17 | Amount from Schedule 2 (Form 10 | | | | | 17 | 0. |
| | 18 | Add lines 16 and 17 | | | | [| 18 | 9,217. |
| | 19 | Child tax credit or credit for other | dependents from Sche | edule 8812 (Form 10 | 40) | [| 19 | |
| | 20 | Amount from Schedule 3 (Form 10 | 040), line 8 | | | [| 20 | |
| | 21 | Add lines 19 and 20 | | | | F | 21 | |
| | 22 | Subtract line 21 from line 18. If ze | | | | + | 22 | 9,217. |
| | 23a | Tax on income not effectively con | | | 1 1 | | | |
| | | Schedule NEC (Form 1040-NR), lir | | | 23a | | | |
| | b | Other taxes, including self-employ | | | | | | |
| | - | line 21 | | | 23b | | | |
| | с | Transportation tax (see instruction | | | 23c | | | |
| | d | Add lines 23a through 23c | , | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is your | | | | | 24 | 9,217. |
| ayments | 25 | Federal income tax withheld from | | | | | | |
| ayments | 20 a | Form(s) W-2 | | | 25 a 11 | 1,925. | | |
| | b | Form(s) 1099 | | | 25b | | | |
| | c | Other forms (see instructions) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | 25d | 11,925. |
| | | Form(s) 8805 | | | | + | 25u | 11, 723. |
| | e ₄ | Form(s) 8288-A | | | | | 25e | |
| | f | | | | | | | |
| | g | Form(s) 1042-S | | | | F | 25g | |
| | 26 | 2023 estimated tax payments and | | | | | 26 | |
| | 27 | Reserved for future use | | | 27 | | | |
| | 28 | Additional child tax credit from Sc | | | 28 | | | |
| | 29 | Credit for amount paid with Form | | | 29 | | | |
| | 30 | Reserved for future use | | | 30 | | | |
| | 31 | Amount from Schedule 3 (Form 10 | ,. | | 31 | | | |
| | 32 | Add lines 28, 29, and 31. These a | | | | | 32 | 11 005 |
| | 33 | Add lines 25d, 25e, 25f, 25g, 26, a | | | | | 33 | 11,925. |
| efund | 34 | If line 33 is more than line 24, sub | | | - | F | 34 | 2,708. |
| | 35a | Amount of line 34 you want refun | | | | | 35a | 2,708. |
| ect deposit? e instructions. | b | Routing number 0 2 1 2 | | c Type: 🛛 | Checking | Savings | | |
| | d | Account number 5 2 0 0 | | | | | | |
| | е | If you want your refund check ma | ailed to an address outs | side the United State | es not shown on | page 1, | | |
| | | enter it here. | | | 1 | | | |
| | 36 | Amount of line 34 you want applie | ed to your 2024 estim | ated tax | 36 | | | |
| mount | 37 | Subtract line 33 from line 24. This | - | | | | | |
| ou Owe | | For details on how to pay, go to w | www.irs.gov/Payments | or see instructions . | | | 37 | |
| | 38 | Estimated tax penalty (see instruc | , | | 38 | | | |
| nird | Do yo | u want to allow another person to o | discuss this return with | the IRS? See instru | ctions. 🗌 Ye | es. Comple | te belo | ow. 🛛 No |
| arty | Desig | nee's | Pho | ne | | nal identific | ation | |
| esignee | name | | | | | er (PIN) | | |
| | | penalties of perjury, I declare that I have | | | | | | |
| ign | | they are true, correct, and complete. De | | | | | • | , , |
| - | Yours | signature | Date | Your occupation | | | | ent you an Identity |
| ere | | | | DATA ANALY | ۲¢m | Prote (see ii | | PIN, enter it here |
| | Dhar | 220 | Empileddata | | | | 131.) | |
| | Phone | | Email addres Preparer's signature | 5 | Date | PTIN | | Check if: |
| aid | • | | | 1 D CIIDMA MATTAC | | | | |
| | | | SYAM PRIYA RAM SAG | AK GUPTA TALLAM | 02/14/2024 | P02082 | | Self-employed |
| reparer | | name GLOBAL TAXES L | LLC. | | | Phone no | . (65 | 78)965-9522 |
| reparer se Only | Firm's | | T E BRUNSWICK | | | Firm's EIN | | 4-3171965 |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 01 Your social security number 346-29-9531

 Department of the Treasury Internal Revenue Service
 Go to www.irs.gov/Fo

 Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ANGAD SINGH

| Par | t I Additional Income | | | |
|--------|--|-----------------|----------|-----------------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ch Schedule E . | 5 | -11,968. |
| 6 | Farm income or (loss). Attach Schedule F. | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| I | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | , | 8m | _ | |
| n | Section 951(a) inclusion (see instructions) | 8n | _ | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | - 1 | |
| р | Section 461(I) excess business loss adjustment | 8p | - 1 | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | - 1 | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | _ | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | 1040, line 1a or 1d | <u>8s (</u> | <u> </u> | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | • | | |
| | a nongovernmental section 457 plan | 8t | _ | |
| u | Wages earned while incarcerated | <u>8u</u> | - 1 | |
| Z | Other income. List type and amount: | • | | |
| • | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -11,968. |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. | | Schedu | le 1 (Form 1040) 2023 |

| 1 | Educator expenses | | | | | 11 | |
|--------|---|-------|------|-------|------|-----|--|
| 2 | Certain business expenses of reservists, performing artists, and fee | | | | nont | | |
| 2 | officials. Attach Form 2106 | -Dasi | s go | venin | lent | 12 | |
| 3 | Health savings account deduction. Attach Form 8889 | • • | • • | ••• | • | 13 | |
| 4 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | | | | 14 | |
| - 5 | Deductible part of self-employment tax. Attach Schedule SE | | | | | 15 | |
| 6 | Self-employed SEP, SIMPLE, and qualified plans | | | | | 16 | |
| 7 | Self-employed bealth insurance deduction | | | | | 17 | |
| 8 | Penalty on early withdrawal of savings | | | | | 18 | |
| | | | | | | | |
| 9a | | | | | | 19a | |
| b | Recipient's SSN | | | | | | |
| C | Date of original divorce or separation agreement (see instructions): | | | | | 00 | |
| 20 | IRA deduction | | | | | 20 | |
| 1 | Student loan interest deduction | | | | | 21 | |
| 2 | Reserved for future use | | | | | 22 | |
| 3 | Archer MSA deduction | • • | • • | • • • | • | 23 | |
| 24 | Other adjustments: | | | | | | |
| а | | 24a | | | | - | |
| b | Deductible expenses related to income reported on line 8l from the | | | | | | |
| | | 24b | | | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | | | |
| | | 24c | | | | | |
| d | | 24d | | | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | | | | |
| | | 24e | | | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | | | |
| g | | 24g | | | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | | | |
| | discrimination claims (see instructions) | 24h | | | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | | | | |
| | from the IRS for information you provided that helped the IRS detect | | | | | | |
| | tax law violations | 24i | | | | | |
| j | Housing deduction from Form 2555 | 24j | | | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | | | |
| | | 24k | | | | | |
| z | Other adjustments. List type and amount: | | | | | | |
| | | 24z | | | | | |
| 5 | Total other adjustments. Add lines 24a through 24z | | | | | 25 | |
| 6 | Add lines 11 through 23 and 25. These are your adjustments to income | | | | don | | |
| - | Form 1040, 1040-SR, or 1040-NR, line 10 | | | | | 26 | |

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

Attach to Form 1040-NR.

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

Name shown on Form 1040-NR

2023 Attachment Sequence No. 7B

Your identifying number

346-29-9531

ANGAD SINGH

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) 13% | (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 | | 2b | | | | | |
| с | | | | 2c | | | | | |
| 3 | | atents, trademarks, etc.) | | 3 | | | | | |
| 4 | • | copyright royalties | | 4 | | | | | |
| 5 | | rights, recording, publishing, etc.) | | 5 | | | | | |
| 6 | | e and natural resources royalties | | 6 | | | | | |
| 7 | | es | | 7 | | | | | |
| 8 | | ïts | | 8 | | | | | |
| 9 | | al gain from line 18 below | | | | | | | |
| 10 | | | | - | | | | | |
| 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 n | 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 Fr | rom | Sales or Excha | nges of Proper | ty | | |
| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not | | 16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below) | (b) Date acqui 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). |
| | ely connected with a U.S. | | | | | | | | |
| or loss | on disposing of a U.S. real | | | | | | | | |
| qains a | y interest; report these nd losses on Schedule D | | | | | | | | |
| (Form 1 | | | | | | | | | |
| | property sales or ges that are effectively | | | | | | | | |
| connec | ted with a U.S. business | | | | | | | () | |
| | edule D (Form 1040), 797, 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 | |
| | | | | | | | | | |

SCHEDULE OI (Form 1040-NR)

Other Information

OMB No. 1545-0074

Attach to Form 1040-NR.

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

2 A ++

| | ent of the Treasury Go t Revenue Service | to www.irs.gov/Form1040N Ans | R for instructions and wer all questions. | | Attachment Sequence No. 70 | | | | | |
|----------|--|---------------------------------|---|--|-------------------------------|-----------------------------------|-------------|--|--|--|
| | nown on Form 1040-NR | | | | Your identify | | 0.10 | | | |
| | AD SINGH | | | | 346-29- | - | | | | |
| A | Of what country or countries v | vere you a citizen or nation | al during the tax year? | | | | | | | |
| В | In what country did you claim | residence for tax purpose | is during the tax year? | India | | | | | | |
| c | Have you ever applied to be a | | | | | | | | | |
| D | Were you ever: | groon data notaoi (latitai p | | and officer officion. | | | | | | |
| | - | | | | | . 🗌 Yes | 🛛 No | | | |
| | A green card holder (lawful pe | | | | | | No | | | |
| | If you answer "Yes" to (1) or (2 | - | | | | | | | | |
| Е | If you had a visa on the last | day of the tax year, enter | • | | ter your U.S | S. | | | | |
| | immigration status on the last of | day of the tax year. $F1$ | | | - | | | | | |
| F | Have you ever changed your v | visa type (nonimmigrant sta | atus) or U.S. immigratio | on status? | | . 🗌 Yes | 🛛 No | | | |
| | If you answered "Yes," indicate the date and nature of the change: | | | | | | | | | |
| G | List all dates you entered and | left the United States durin | g 2023. See instruction | ns. | | | | | | |
| | Note: If you're a resident of C | | | | lent interval | S, | | | | |
| | check the box for Canada or | r Mexico and skip to item I | <u>+.</u> <u>.</u> | 🗌 Canada | Mexic | ;0 | | | | |
| | Date entered United States | Date departed United Stat | tes Da | te entered United State | es Date d | leparted Unite | d States | | | |
| | mm/dd/yy | mm/dd/yy | | mm/dd/yy | | mm/dd/yy | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Give number of days (including | | | | Ctata a durrina | | | | | |
| Н | | • | | • | | g : | | | | |
| 1 | 2021 Did you file a U.S. income tax | | | | | . 🛛 Yes | No | | | |
| • | If "Yes," give the latest year ar | | | | | | | | | |
| J | Are you filing a return for a true | | | | | | 🛛 No | | | |
| • | If "Yes," did the trust have a | | | | | | <u> </u> | | | |
| | U.S. person, or receive a cont | | | | | | 🗌 No | | | |
| κ | Did you receive total compens | sation of \$250,000 or more | during the tax year? . | | | . 🗌 Yes | 🛛 No | | | |
| | If "Yes," did you use an alterna | ative method to determine | the source of this com | pensation? | | . 🗌 Yes | 🗌 No | | | |
| L | Income Exempt From Tax-If | | | | tax treaty v | vith a foreign | country | | | |
| | complete (1) through (3) below | | | | | | | | | |
| 1. | Enter the name of the country, | | | | claimed the | treaty benefi | it, and the | | | |
| | amount of exempt income in th | | | | | | | | | |
| | (a) Cou | intry | (b) Tax treaty article | (c) Number of month claimed in prior tax ye | | Amount of exe ne in current ta | | | | |
| | | | | | | | an year | | | |
| | | | | | | | | | | |
| | | | | + | | | | | | |
| | | | | | | | | | | |
| | | | | 1 | | | | | | |
| | | | | | | | | | | |
| | (e) Total. Enter this amount o | n Form 1040-NR, line 1k. E | Do not enter it anywher | e else on line 1 | | | | | | |
| | Were you subject to tax in a for | | | | | | 🗌 No | | | |
| 3. | Are you claiming treaty benefit | • | • | | | . 🗌 Yes | 🗙 No | | | |
| | If "Yes," attach a copy of the 0 | Competent Authority deterr | mination letter to your r | return. | | | | | | |
| M | Check the applicable box if: | | , | | | | | | | |
| 1. | This is the first year you are m | | | | | | | | | |
| ~ | with a U.S. trade or business u | | | | | | | | | |
| 2. | You have made an election in States as effectively connecte | | | | | | | | | |

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

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

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

2023 Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service Name(s) shown on return

ANGAD SINGH

Your social security number

346-29-9531

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

| | instructions for how to figure the amounts to enter on the below. | (d) Proceeds | (e) Cost | (g) Adjustments to gain or loss fi | | (h) Gain or (loss) Subtract column (e) from column (d) and |
|----|---|------------------------|--------------------|---|--------|--|
| | form may be easier to complete if you round off cents to e dollars. | (sales price) | (or other basis) | Form(s) 8949, Pa line 2, column | art I, | combine the result with column (g) |
| 1a | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | | |
| 1b | Totals for all transactions reported on Form(s) 8949 with Box A checked | 452. | 279. | | | 173. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | |
| 4 | Short-term gain from Form 6252 and short-term gain or (I | oss) from Forms 4 | 684, 6781, and 88 | 324 | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | | | usts from | 5 | |
| 6 | Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions | | • | - | 6 | () |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | | 7 | 173. | | |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to | | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result |
|--|---|---|--|--|-------|--|
| who | e dollars. | | | line 2, colum | n (g) | with column (g) |
| 8a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | | |
| 8b | Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | | |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked. | | | | | |
| 11 | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824 | | 11 | | | |
| 12 | Net long-term gain or (loss) from partnerships, S corporat | dule(s) K-1 | 12 | | | |
| 13 | Capital gain distributions. See the instructions | | 13 | | | |
| 14 | Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions | - | 14 | () | | |
| 15 | Net long-term capital gain or (loss). Combine lines 8a on the back . | | 15 | | | |

| Part | III Summary | |
|------|--|----------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 173. |
| | • If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. | |
| | • If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. | |
| | • If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | |
| 17 | Are lines 15 and 16 both gains? | |
| | No. Skip lines 18 through 21, and go to line 22. | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. | |
| | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: | |
| | The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) | 21 () |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? | |
| | Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. | |
| | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | |

BAA REV 02/05/24 PRO

Schedule D (Form 1040) 2023

Form **8949**

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

ANGAD SINGH

| · · · · · · · · · · · · · · · · · · · | |
|---------------------------------------|--|
| 346-29-9531 | |
| 346-29-9331 | |

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis See the Note below | If you enter an enter a co | f any, to gain or loss amount in column (g), ode in column (f). arate instructions. | (h) Gain or (loss) Subtract column (e) | |
|---|---|--------------------------------|-------------------------------------|--|---|--|---|--|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions. | (f) (g) Code(s) from instructions Amount of adjustment | | from column (d) and combine the result with column (g). | |
| Robinhood Securities LLC | 01/01/23 | 12/31/23 | 452. | 279. | | | 173. | |
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| | | | | | | | | |
| 2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked). or line 3 (if Box | tal here and inc e is checked), lir | lude on your ne 2 (if Box B | 452. | 279. | | | 173. | |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

| (Form 1040) (From rental real estate, royalties, part | | | | | ate, royalties, partners | ships, S | corporat | ions, es | states, | trusts, REMI | Cs, etc.) | 20 | 23 |
|--|--|--------|-------|---------------|---|----------|-----------|----------|---------------|-------------------|--------------|--------------------|------------------|
| Department of the Treasury Internal Revenue Service Attach to Form 1040, Go to www.irs.gov/ScheduleE for | | | | | | | | | | formation. | | Attachm Sequenc | ent ce No. 13 |
| Name(s) shown on return Your social sec | | | | | | | | | al security r | umber | | | |
| ANGAD SINGH 346-29-9 | | | | | | | | | | 9-9531 | | | |
| Part | Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. | | | | | | | | | | | | |
| Α | | | | | hat would require you | | Form(s) 1 | 099? 8 | See ins | structions . | | . 🗌 Ye | s 🛛 No |
| | | | | | | | | | | | | | |
| 1a | | | | | | | | | | | | | |
| Α | B-1106, J | V YO | VAL | ENCIA ANI | OHE EAST MUMBA | I MAH | HARASTF | RA IN | 400 | 060 | | | |
| В | | | | | | | | | | | | | |
| С | | | | | | | | | | | | | |
| 1b | Type of Prope (from list below | | 2 | | ental real estate prope ort the number of fair | | | | Fa | ir Rental Days | Person Da | QJV | |
| Α | 3 | | | personal us | e days. Check the Q | JV box | x only | Α | | 365 | | 0 | |
| В | | | | | the requirements to | | | B | | | | | |
| С | | | | qualified joi | int venture. See instru | uctions | 6. | С | | | | | |
| Туре | of Property: | | | | | | | | 1 | | | 1 | |
| | Single Family R | eside | ence | 3 Vaca | ation/Short-Term Rer | ntal | 5 Land | 1 | 7 | Self-Rental | | | |
| 2 | Multi-Family Re | sider | nce | 4 Com | nmercial | | 6 Roya | alties | 8 | Other (desc | ribe) | | |
| | | | | | | | | | | Propert | | | |
| Incon | | | | | | | | Α | | B | 103. | | С |
| 3 | | 4 | | | | 3 | | | 00. | D | | | <u> </u> |
| 4 | | | | | · · · · · · · · | 4 | | 1 | 00. | | | | |
| Exper | | ivou | · · | | | | | | | | | | |
| 5 | | | | | | 5 | | | | | | | |
| 6 | • | | | | | 6 | | | | | | | |
| 7 | | | | | | 7 | | 8 | 350. | | | | |
| 8 | | | | | | 8 | | - | | | | | |
| 9 | | | | | | 9 | | | | | | | |
| 10 | | | | | | 10 | | | | | | | |
| 11 | - | - | | | | 11 | | 1,9 | 945. | | | | |
| 12 | Mortgage inter | rest p | baid | to banks, etc | c. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | | | | | 13 | | | | | | | |
| 14 | Repairs | | | | | 14 | | 3,5 | 529. | | | | |
| 15 | Supplies | | | | | 15 | | 4,1 | 95. | | | | |
| 16 | Taxes | | | | | 16 | | | | | | | |
| 17 | | | | | | 17 | | 2,1 | 49. | | | | |
| 18 | - | expen | ise c | or depletion | | 18 | | | | | | | |
| 19 | Other (list) | | | | | 19 | | | | | | | |
| 20 | • | | | • | n 19 | 20 | | 12,6 | 68. | | | | |
| 21 | | | | | nd/or 4 (royalties). If | | | | | | | | |
| | | | | | find out if you must | | | -11,9 | 68 | | | | |
| 00 | | | | | | 21 | | -11,3 | .00 | | | | |
| 22 | | | | | ter limitation, if any, | 22 | (- | 11,90 | 58 N | (| ١ | (| ١ |
| 23a | | | | - | e 3 for all rental prope | | | | 23a | 1 | 700. | |) |
| b | | | - | | | | | | 23b | | | | |
| c | | | | | | | | | 23c | | | | |
| d | | | | | | | | | 23d | | | | |
| e | | | - | | e 20 for all properties | | | | 23e | 12 | 2,668. | | |
| 24 | | | - | | wn on line 21. Do no | | | | | | 0.4 | | |
| 25 | | | | | 21 and rental real estat | | - | | inter to | tal losses her | | (1 | 1,968.) |
| 06 | Total rantal | | 0+0+ | a and ravel | huinaama ar (laaa) | Comh | ing lines | 01 000 | | ntor the rea | .1+ | | |

Supplemental Income and Loss

SCHEDULE E

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

For Paperwork Reduction Act Notice, see the separate instructions.

26

-11,968.

OMB No. 1545-0074