| <b>1040</b>                                | -           | IR Department of the Treasury-Inter<br>U.S. Nonresident Ali                            | nal Rever<br>en In   | nue Service<br>Come Tax R        | eturn           | 2023  | OMB No. 1    | 545-0074    |                            | only—Do not write<br>e in this space. |  |
|--|-------------|--|--|----------------------------------|-----------------|---|--------------|-------------|----------------------------|---------------------------------------|--|
| For the year Jan                           | . 1–C       | Dec. 31, 2023, or other tax year beginn  | ning, 2023, ending, 20   |                                  |                 |   |              |             | See separate instructions. |                                       |  |
| Your first name                            |             |  | Last na  |                                  | Your i          | Your identifying number<br>(see instructions) |              |             |                            |                                       |  |
| HARI PRAS                                  | AD          |  | LAGG   | ONI                              |                 |   |              | 697         | -37-8                      | 949                                   |  |
| Home address (                             | numl        | per and street). If you have a P.O. box  | , see ins  | tructions.                       |                 |   |              | -           |                            | Apt. no.                              |  |
| 1218 AVEN                                  | UE          | A  |  |                                  |                 |   | _            |             |                            | 224                                   |  |
| City, town, or po                          | ost of      | ffice. If you have a foreign address, als  | so comp  | lete spaces below                | <i>'</i> .      |   | State        |             | ZIP cod                    | je                                    |  |
| DENTON                                     |             |  |  |                                  |                 |   | TX           |             | 7620                       | 1                                     |  |
| Foreign country                            | nam         | e  | Foreigr  | n province/state/c               | ounty           |   | Foreign      | postal co   | ode                        |                                       |  |
| Filing<br>Status<br>Check only<br>one box. |             | Single Married filing separation Married filing separation of the QSS box, enter the c | Espendent:   | state                            | Trust           |   |              |             |                            |                                       |  |
| Digital Assets                             |             | ny time during 2023, did you: (a) recei<br>erwise dispose of a digital asset (or a f   |  |                                  |                 |   |              |             |                            |                                       |  |
| Dependents                                 |             |  |  |                                  |                 |   | <b>(4)</b> C | heck the bo | ox if qualifi              | es for (see inst.):                   |  |
| (see instructions):                        |             | (1) First name Last name   |  | (2) Dependent<br>identifying num |                 | (3) Relationship to                           | vou Ch       | ild tax cre |                            | redit for other<br>dependents         |  |
|  |             | ()   |  | , , ,                            |                 | (,, , , , , , , , , , , , , , , , , , ,       | ,            |             |                            |                                       |  |
| If more than four dependents, see          |             |  |  |                                  |                 |   |              |             |                            |                                       |  |
| instructions and                           |             |  |  |                                  |                 |   |              |             |                            |                                       |  |
| check here                                 |             |  |  |                                  |                 |   |              |             |                            |                                       |  |
| Income                                     | 1a          | Total amount from Form(s) W-2, box   | •  | ,                                |                 |   |              |             |                            | 75,082.                               |  |
| Effectively                                | b           | Household employee wages not rep   |  |                                  |                 |   |              |             |                            |                                       |  |
| Connected                                  | c<br>d      | Tip income not reported on line 1a (s<br>Medicaid waiver payments not report           |  |                                  |                 |   |              |             |                            |                                       |  |
| With U.S.<br>Trade or                      | e           | Taxable dependent care benefits fro  |  |                                  |                 |   |              | . 16        |                            |                                       |  |
| Business                                   | f           | Employer-provided adoption benefit   |  |                                  |                 |   |              |             |                            |                                       |  |
|  | g           | Wages from Form 8919, line 6   |  | 3                                |                 |   |              |             |                            |                                       |  |
| Attach<br>Form(s) W-2,                     | h           | Other earned income (see instruction   | . 11   | n                                |                 |   |              |             |                            |                                       |  |
| 1042-S,                                    | i           | Reserved for future use  |  |                                  |                 |   |              |             |                            |                                       |  |
| SSA-1042-S,<br>RRB-1042-S,                 | j           | Reserved for future use  | . <u>1</u> j   |                                  |                 |   |              |             |                            |                                       |  |
| and 8288-A                                 | k           | Total income exempt by a treaty from   |  |                                  |                 |   |              |             |                            |                                       |  |
| here. Also<br>attach                       | _           |  |  |                                  |                 | L   |              | - 1         |                            | 75 000                                |  |
| Form(s)                                    | z<br>2a     | Add lines 1a through 1h  | 1  | · · · ·                          |                 | ble interest .                                |              |             |                            | 75,082.                               |  |
| 1099-R if<br>tax was                       | 2a<br>3a    | Qualified dividends 3a   | -  |                                  |                 | hary dividends .                              |              |             |                            |                                       |  |
| withheld.                                  | 4a          | IRA distributions 4a   | -  |                                  |                 | ble amount                                    |              |             |                            |                                       |  |
| lf you did not                             | 5a          | Pensions and annuities 5a  |  |                                  | <b>b</b> Taxal  | ble amount                                    |              | . 5k        | )                          |                                       |  |
| get a Form<br>W-2, see                     | 6           | Reserved for future use  |  |                                  |                 |   |              |             |                            |                                       |  |
| instructions.                              | 7           | Capital gain or (loss). Attach Schedu  | •  |                                  |                 |   |              |             |                            |                                       |  |
|  | 8           | Additional income from Schedule 1 (  |  |                                  | <u>-12,623.</u> |   |              |             |                            |                                       |  |
|  | 9           | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8   |  | -                                |                 |   |              |             |                            | 62,459.                               |  |
|  | 10          | Adjustments to income from Schedu  | • •  |                                  |                 |   |              | . 10        | )                          |                                       |  |
|  | 11          | Subtract line 10 from line 9. This is y  |  |                                  |                 |   |              |             |                            | 62,459.                               |  |
|  | 12          | Itemized deductions (from Schedu deduction (see instructions)                          |  |                                  |                 |   |              |             | 2                          | 13,850.                               |  |
|  | 13a         |  | Jualified business income deduction from Form 8995 or Form 8995-A . <b>13a</b> |                                  |                 |   |              |             |                            |                                       |  |
|  | b           | Exemptions for estates and trusts or   |  | ,                                |                 |   |              |             |                            |                                       |  |
|  | С           | Add lines 13a and 13b  |  |                                  |                 |   |              |             |                            |                                       |  |
|  | 14          |  |  |                                  |                 |   |              |             |                            | 13,850.                               |  |
|  | 15<br>Duius | Subtract line 14 from line 11. If zero   |  |                                  |                 |   |              | . 15        |                            | 48,609.                               |  |
| For Disclosure,                            | riva        | cy Act, and Paperwork Reduction Act  | inotice,   | see separate insti               | uctions.        |   |              |             | Form 10                    | <b>)40-NR</b> (2023)                  |  |

| <sup>=</sup> orm 1040-NR ( | 2023)  |  |                               |                            |                           | Page <b>2</b>                                |  |
|----------------------------|--------|--|-------------------------------|----------------------------|---------------------------|--|--|
| Tax and                    | 16     | <b>Tax</b> (see instructions). Check if any from Form(s):  | <b>1</b> 8814 <b>2</b> 497    | 72 <b>3</b>                | 16                        | 6,005.                                       |  |
| Credits                    | 17     | Amount from Schedule 2 (Form 1040), line 3.  |                               |                            | 17                        |  |  |
|                            | 18     | Add lines 16 and 17  |                               |                            |                           |  |  |
|                            | 19     | Child tax credit or credit for other dependents fro  | om Schedule 8812 (Form 10     | )40)                       | 19                        |  |  |
|                            | 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, ente   |                               |                            |                           |  |  |
|                            | 23a    | Tax on income not effectively connected with a L   |                               | 1 1                        |                           | 0,0001                                       |  |
|                            | 200    | Schedule NEC (Form 1040-NR), line 15   |                               | 23a                        |                           |  |  |
|                            | b      | Other taxes, including self-employment tax, from   |                               |                            |                           |  |  |
|                            |        |  |                               | 23b                        |                           |  |  |
|                            | с      | Transportation tax (see instructions)  |                               | 23c                        |                           |  |  |
|                            | d      | Add lines 23a through 23c  |                               |                            | 230                       | 4  |  |
|                            | 24     | Add lines 22 and 23d. This is your <b>total tax</b> .  |                               |                            |                           |  |  |
|                            | 24     | Federal income tax withheld from:  |                               | <u> </u>                   | 24                        | 0,003.                                       |  |
| ayments                    |        |  |                               | 050                        | 400                       |  |  |
|                            | a<br>L | Form(s) W-2  |                               | <b>25a</b> 9<br><b>25b</b> | <u>,423.</u>              |  |  |
|                            | b      | Form(s) 1099   |                               |                            |                           |  |  |
|                            | C<br>L | Other forms (see instructions)   |                               | 25c                        | 05                        |  |  |
|                            | d      | Add lines 25a through 25c  |                               |                            |                           |  |  |
|                            | e      | Form(s) 8805   |                               |                            |                           |  |  |
|                            | f      | Form(s) 8288-A   |                               |                            |                           |  |  |
|                            | g      | Form(s) 1042-S   |                               |                            |                           |  |  |
|                            | 26     | 2023 estimated tax payments and amount applie  |                               |                            | 26                        |  |  |
|                            | 27     | Reserved for future use  |                               | 27                         |                           |  |  |
|                            | 28     | Additional child tax credit from Schedule 8812 (F  |                               | 28                         |                           |  |  |
|                            | 29     | Credit for amount paid with Form 1040-C .  |                               | 29                         |                           |  |  |
|                            | 30     | Reserved for future use  |                               | 30                         |                           |  |  |
|                            | 31     | Amount from Schedule 3 (Form 1040), line 15  |                               | 31                         |                           |  |  |
|                            | 32     | Add lines 28, 29, and 31. These are your total of  |                               |                            |                           |  |  |
|                            | 33     | Add lines 25d, 25e, 25f, 25g, 26, and 32. These a  |                               |                            |                           | ,  |  |
| efund                      | 34     | If line 33 is more than line 24, subtract line 24 fro  |                               |                            |                           | -  |  |
|                            | 35a    | Amount of line 34 you want refunded to you. If   |                               |                            |                           | <b>a</b> 3,418.                              |  |
| rect deposit?              | b      | Routing number         1         1         1         0         0         6         1                                     | avings                        |                            |                           |  |  |
| e instructions.            | d      | Account number 6 9 3 2 6 2 8 9   |                               |                            |                           |  |  |
|                            | е      | If you want your refund check mailed to an addr  | ress outside the United Stat  | es not shown on p          | bage 1,                   |  |  |
|                            |        | enter it here.   |                               | ·                          |                           |  |  |
|                            | 36     | Amount of line 34 you want applied to your 202   | 4 estimated tax               | 36                         |                           |  |  |
| mount                      | 37     | Subtract line 33 from line 24. This is the <b>amount</b>   | •                             |                            |                           |  |  |
| ou Owe                     |        | For details on how to pay, go to www.irs.gov/Pa  |                               | 1 1                        | 37                        |  |  |
|                            | 38     | Estimated tax penalty (see instructions)   |                               | 38                         |                           |  |  |
| hird                       | Do yo  | want to allow another person to discuss this ret   | ourn with the IRS? See instru | ictions. 🗌 Yes             | . Complete b              | elow. 🛛 No                                   |  |
| arty                       | Desig  | ee's   | Phone                         |                            | al identificatio          | n  |  |
| esignee                    | name   |  | · (PIN)                       |                            |                           |  |  |
|                            |        | penalties of perjury, I declare that I have examined this re<br>hey are true, correct, and complete. Declaration of prep |                               |                            |                           |  |  |
| ign                        |        |  |                               |                            |                           | , ,  |  |
| -                          | Your   | ignature Date  | Your occupation               | 1                          |                           | sent you an Identity<br>n PIN, enter it here |  |
| lere                       |        |  | DATA ANALY                    | v<br>C                     | (see inst.)               |  |  |
|                            | Dhon   | no Emai  | il address                    |                            | (500 1131.)               |  |  |
|                            | Phone  | er's name Preparer's sign  |                               | Date                       | PTIN                      | Check if:                                    |  |
| aid                        | •      |  |                               |                            |                           |  |  |
|                            | SYAN   | PRIYA RAM SAGAR GUPTA TALLAM   SYAM PRIYA F  | RAM SAGAR GUPTA TALLAM        | P02082703 Self-employed    |                           |  |  |
|                            |        |  |                               |                            | Dhana ·                   | CTOLOCE 0500                                 |  |
| Preparer<br>Jse Only       | Firm's | name GLOBAL TAXES LLC<br>address 245 ROONEY CT E BRUNS   |                               |                            | Phone no. (<br>Firm's EIN | <u>678)965-9522</u><br>84-3171965            |  |

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

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Go to www.irs.gov/Form1040 for instructions and the latest information. Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number 697-37-8949

| Department of the Treasury |            |  |   |  |  |  |  |  |  |  |
|----------------------------|------------|--|---|--|--|--|--|--|--|--|
| Internal Revenue Service   |            |  |   |  |  |  |  |  |  |  |
|                            | <i>(</i> ) |  | - |  |  |  |  |  |  |  |

HARI PRASAD LAGGONI

| 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. Attach Schedule E                                       | 5      | -12,623.              |
| 6      | Farm income or (loss). Attach Schedule F.   | 6      |                       |
| 7      | Unemployment compensation   | 7      |                       |
| 8      | Other income:   |        |                       |
| а      | Net operating loss  | )      |                       |
| b      | Gambling  |        |                       |
| С      | Cancellation of debt  |        |                       |
| d      | Foreign earned income exclusion from Form 2555  | )      |                       |
| е      | Income from Form 8853   |        |                       |
| f      | Income from Form 8889   |        |                       |
| g      | Alaska Permanent Fund dividends   |        |                       |
| h      | Jury duty pay   |        |                       |
| i      | Prizes and awards   |        |                       |
| j      | Activity not engaged in for profit income   |        |                       |
| k      | Stock options   |        |                       |
|        | 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   |        |                       |
|        | instructions)   |        |                       |
| n      | Section 951(a) inclusion (see instructions)   | _      |                       |
| 0      | Section 951A(a) inclusion (see instructions)         .         .         .         80   | _      |                       |
| р      | Section 461(I) excess business loss adjustment  | _      |                       |
| q      | Taxable distributions from an ABLE account (see instructions)       .       8q  | _      |                       |
| 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   | 2      |                       |
| t      | Pension or annuity from a nonqualifed deferred compensation plan or   |        |                       |
|        | a nongovernmental section 457 plan  | -      |                       |
| u      | Wages earned while incarcerated   8u  | -      |                       |
| Z      | Other income. List type and amount:   |        |                       |
| •      |   |        |                       |
| 9      | Total other income. Add lines 8a through 8z   | 9      |                       |
| 10     | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10     | -12,623.              |
| 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        |       |          |       |     |     |            |
| 2      | officials. Attach Form 2106   | -Dasi | s yo     | vennn | ent | 12  |            |
| 3      | Health savings account deduction. Attach Form 8889                          | • •   | • •      | • •   | •   | 13  |            |
| 4      | Moving expenses for members of the Armed Forces. Attach Form 3903           |       |          |       |     | 14  |            |
| -<br>5 | Deductible part of self-employment tax. Attach Schedule SE                  |       |          |       |     | 15  |            |
| 6      | Self-employed SEP, SIMPLE, and qualified plans                              |       |          |       |     | 16  |            |
| 7      | Self-employed health 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  |            |
| 21     | Student loan interest deduction   |       |          |       |     | 21  |            |
| 22     | Reserved for future use   |       |          |       |     | 22  |            |
| 23     | Archer MSA deduction  | • •   | • •      | • •   | •   | 23  |            |
| 24     | Other adjustments:  |       |          |       |     |     |            |
| а      |   | 24a   |          |       |     |     |            |
| b      | Deductible expenses related to income reported on line 8I 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      | Contributions by certain chaplains to section 403(b) plans                  | 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   |          |       |     |     |            |
| i      | 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   |          |       |     |     |            |
| 25     | Total other adjustments. Add lines 24a through 24z                          |       |          |       |     | 25  |            |
| 26     | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> |       |          |       | on  | 20  |            |
|        | Form 1040, 1040-SR, or 1040-NR, line 10                                     |       |          |       |     | 26  |            |
|        |   |       | 02/05/24 |       |     | -   | 1 (Form 10 |

### SCHEDULE NEC (Form 1040-NR)

# 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.

Department of the Treasury Internal Revenue Service Name shown on Form 1040-NR 2023 Attachment Sequence No. 7B

Your identifying number

697-37-8949

HARI PRASAD LAGGONI

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

|                     | Nature of Income  |                    | <b>(a)</b> 10% | <b>(b)</b> 15%                     | (c) 30%             | (d) Other (specify)     |  |  |  |
|---------------------|---|--------------------|----------------|------------------------------------|---------------------|-------------------------|--|--|--|
|                     |   |                    |                | (a) 10%                            | (b) 1378            | (C) 50 %                | %  | %  |  |
| 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) transaction  | ns 🔽               | 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  |                    | -              |                                    |                     |                         |  |  |  |
| а                   | Winnings  |                    |                |                                    |                     |                         |  |  |  |
| b                   | Losses  | . 1                | 0c             |                                    |                     |                         |  |  |  |
| 11                  | Gambling—Residents of countries other than Canada. 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 co   |                    |                |                                    |                     |                         | -NR, line 23a <b>15</b>  |  |  |
|                     | Capital Gains and Losse   | es Fro             | om \$          | Sales or Excha                     | nges of Proper      | y                       |  |  |  |
| losses f<br>exchan  | Inly the capital gains and<br>rom property sales or<br>ges that are from sources<br>he United States and not       16       (a) Kind of property and description<br>(if necessary, attach statement of<br>descriptive details not shown below)       (b) Date<br>mm/c | acquire<br>Id/yyyy |                | <b>(c)</b> Date sold<br>mm/dd/yyyy | (d) Sales price     | (e) Cost or other basis | (f) LOSS<br>If (e) is more than (d),<br>subtract (d) from (e). | (g) GAIN<br>If (d) is more than (e),<br>subtract (e) from (d). |  |
| effectiv<br>busines | ely connected with a U.S.<br>s. Do not include a gain   |                    |                |                                    |                     |                         |  |  |  |
| or loss             | on disposing of a U.S. real   |                    |                |                                    |                     |                         |  |  |  |
| gains a             | y interest; report these nd losses on Schedule D  |                    |                |                                    |                     |                         |  |  |  |
| (Form 1             | ,   |                    |                |                                    |                     |                         |  |  |  |
|                     | property sales or ges that are effectively  |                    |                |                                    |                     |                         |  |  |  |
| connec              | ted with a U.S. business <b>17</b> Add columns (f) and (g) of line 16   |                    |                |                                    |                     |                         |  |  |  |
|                     | 18 Capital gain. Combine columns (f) and (g) of lin   | e 17. E            | Enter          | r the net gain here                | e and on line 9 abo | ove. If a loss, ente    | er-0- <b>18</b>  |  |  |

### SCHEDULE OI (Form 1040-NR)

### **Other Information**

Attach to Form 1040-NR.

latoot inf /-J +h ... OMB No. 1545-0074 2023

|         | ent of the Treasury <b>Go</b> t<br>Revenue Service                | to www.irs.gov/Form1040N<br>Ans                             | <i>R</i> for instructions and wer all questions. | the latest information.               |               | Attachment<br>Sequence N  | o. 7C        |
|---------|---|---|--|---------------------------------------|---------------|---------------------------|--------------|
| Name sh | nown on Form 1040-NR  |   |  |                                       | Your identify |                           |              |
| HARI    | PRASAD LAGGONI  |   |  |                                       | 697-37-       | -8949                     |              |
| Α       | Of what country or countries w                                    | were you a citizen or nation                                | al during the tax year?                          | 'INDIA                                |               |                           |              |
| в       | In what country did you claim                                     | residence for tax purpose                                   | s during the tax year?                           | United States                         |               |                           |              |
| С       | Have you ever applied to be a                                     |   |  |                                       |               |                           |              |
| 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 immigration status on the last      |   | your visa type. If you                           | didn't have a visa, en                | ter your U.S  | ò.                        |              |
| -       |   |   |  |                                       |               |                           | 🛛 No         |
| F       | Have you ever changed your v<br>If you answered "Yes," indicate   | te the date and nature of the                               | e change:  |                                       |               |                           |              |
| G       | List all dates you entered and                                    | left the United States durin                                | g 2023. See instructio                           | ins.                                  |               |                           |              |
|         | Note: If you're a resident of C                                   |   |  |                                       | ent intervals | S,                        |              |
|         | check the box for Canada o  | r Mexico and skip to item I                                 | ┥ <u>.</u> .                                     | 🗌 Canada                              |               | 0                         |              |
|         | Date entered United States<br>mm/dd/yy                            | Date departed United Stat<br>mm/dd/yy                       | es Da  | ate entered United States<br>mm/dd/yy | s Date de     | eparted Unite<br>mm/dd/yy | d States     |
|         |   |   |  |                                       |               |                           |              |
|         |   |   |  |                                       |               |                           |              |
|         |   |   |  |                                       |               |                           |              |
|         |   |   |  |                                       |               |                           |              |
| н       | Give number of days (including                                    | vacation, nonworkdays, and                                  | d partial days) you were                         | e present in the United S             | States during | g:                        |              |
|         | 2021  | , 2022  | , and 20   | <b>23</b> 365                         | ··            |                           | _            |
| I       | Did you file a U.S. income tax                                    | return for any prior year? .                                |  |                                       |               | . 🛛 Yes                   | 🗌 No         |
|         | If "Yes," give the latest year a                                  | nd form number you filed:                                   | 104  | 40NR                                  |               |                           |              |
| J       | Are you filing a return for a tru                                 |   |  |                                       |               |                           | 🗙 No         |
|         | If "Yes," did the trust have a U.S. person, or receive a cont     |   |  |                                       |               |                           | 🗌 No         |
| к       | Did you receive total compens                                     |   |  |                                       |               |                           |              |
| N       | If "Yes," did you use an altern                                   |   |  |                                       |               |                           |              |
| L       | Income Exempt From Tax-I  |   |  |                                       |               |                           |              |
|         | complete (1) through (3) below                                    |   |  |                                       | , <b>,</b>    |                           | , <b>,</b> , |
| 1.      | Enter the name of the country,                                    | the applicable tax treaty art                               | icle, the number of mo                           | onths in prior years you              | claimed the   | treaty benefi             | t, and the   |
|         | amount of exempt income in the                                    | ne columns below. Attach Fo                                 | orm 8833 if required. S                          | ee instructions.                      |               |                           |              |
|         | ( <b>a)</b> Cou   | untry   | (b) Tax treaty article                           | 1 Y /                                 |               | Amount of exe             |              |
|         |   |   |  | claimed in prior tax yes              | ars incom     | ne in current ta          | ax year      |
|         |   |   |  |                                       |               |                           |              |
|         |   |   |  |                                       |               |                           |              |
|         |   |   |  |                                       |               |                           |              |
|         |   |   |  |                                       |               |                           |              |
|         |   |   |  |                                       |               |                           |              |
|         | (e) Total. Enter this amount of                                   | on Form 1040-NR. line 1k. D                                 | o not enter it anvwhe                            | re else on line 1 .                   |               |                           |              |
| 2.      | Were you subject to tax in a fo                                   |   | -  |                                       |               | . 🗌 Yes                   | No           |
|         | Are you claiming treaty benefi                                    |   |  |                                       |               |                           | 🗙 No         |
|         | If "Yes," attach a copy of the                                    | Competent Authority deterr                                  | nination letter to your                          | return.                               |               |                           |              |
| М       | Check the applicable box if:                                      |   |  |                                       |               |                           |              |
| 1.      | This is the first year you are m<br>with a U.S. trade or business | naking an election to treat in under section 871(d). See ir | ncome from real propenstructions                 | erty located in the Unite             | ed States as  | effectively c             | onnected     |

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

| (Form      | 1040)   | (Fr    | om re   | ntal real e | estate, roya | alties, partners                   | hips, S  | corporat   | ions, es       | states,  | trusts, REMI       | Cs, etc.)    | ୭୯            | 23                       |
|------------|---|--------|---------|-------------|--------------|------------------------------------|----------|------------|----------------|----------|--------------------|--------------|---------------|--------------------------|
|            | hepartment of the Treasury Attach to Form 1040,<br>Itemal Revenue Service Go to www.irs.gov/ScheduleE for |        |         |             |              |                                    |          |            |                |          | nformation.        |              | Attachm       | ient<br>ce No. <b>13</b> |
| Name(s)    | ) shown on return   |        |         |             |              |                                    |          |            |                |          |                    | Your soci    | al security i |                          |
| • • •      | PRASAD LA   | GGO    | NT      |             |              |                                    |          |            |                |          |                    |              | 7-8949        |                          |
| Part       |   |        |         | From B      | ental Re     | al Estate ar                       | nd Ro    | valties    |                |          |                    |              |               |                          |
|            | Note: If yo   | ou are | e in th | e business  | of renting   | personal prope<br>page 2, line 40. |          |            | <b>c</b> . See | e instru | ctions. If you a   | are an indiv | vidual, repo  | ort farm                 |
|            | Did you make ar   |        |         |             |              |                                    |          |            |                |          |                    |              |               | s 🛛 No                   |
| B          | f "Yes," did you  | ı or v | vill yo | u file requ | uired Forn   | n(s) 1099? .                       |          |            |                |          |                    |              | . 🗌 Ye        | s 🗌 No                   |
| <b>1</b> a | Physical addr   | ress   | of ea   | ch propei   | rty (street, | city, state, ZI                    | P code   | e)         |                |          |                    |              |               |                          |
| Α          | H.NO.39-2   | -71    | , RI    | D NO 2      | BADANG       | PET RANGAI                         | REDD     | Y IN 50    | 0058           |          |                    |              |               |                          |
| В          |   |        |         |             |              |                                    |          |            |                |          |                    |              |               |                          |
| С          |   |        |         |             |              |                                    |          |            |                | 1        |                    | 1            | 1             |                          |
| 1b         | Type of Prope<br>(from list below   |        | 2       |             |              | al estate prope<br>number of fair  |          |            |                | Fa       | iir Rental<br>Days | Person<br>Da |               | QJV                      |
| Α          | 3   | ,      |         |             |              | . Check the Q                      |          |            | Α              |          | 365                |              | 0             |                          |
| B          |   |        |         |             |              | quirements to                      |          |            | B              |          |                    |              | Ű             |                          |
| С          |   |        |         | qualified   | joint vent   | ure. See instru                    | uctions  | 3.         | С              |          |                    |              |               |                          |
| Туре       | of Property:  |        |         |             |              |                                    |          |            | _              | 1        |                    |              | 1             |                          |
| 1          | Single Family R   | lesid  | ence    | 3 Va        | acation/Sł   | nort-Term Rer                      | ntal     | 5 Lanc     | l              | 7        | Self-Rental        |              |               |                          |
| 2          | Multi-Family Re   | eside  | ence    | 4 C         | ommercia     | l                                  |          | 6 Roya     | alties         | 8        | Other (desc        | ribe)        |               |                          |
|            |   |        |         |             |              |                                    |          |            |                |          | Propert            |              |               |                          |
| Incom      | ne:   |        |         |             |              |                                    |          |            | Α              |          | В                  |              |               | С                        |
| 3          | Rents received  | d.     |         |             |              |                                    | 3        |            |                | 10.      |                    |              |               | •                        |
| 4          | Royalties rece  |        |         |             |              |                                    | 4        |            | -              |          |                    |              |               |                          |
| Exper      |   |        |         |             |              |                                    |          |            |                |          |                    |              |               |                          |
| 5          | Advertising .   |        |         |             |              |                                    | 5        |            |                |          |                    |              |               |                          |
| 6          | Auto and trave  | el (se | e inst  | ructions)   |              |                                    | 6        |            |                |          |                    |              |               |                          |
| 7          | Cleaning and r  | main   | itenar  | nce         |              |                                    | 7        |            | 2,9            | 50.      |                    |              |               |                          |
| 8          | Commissions   |        |         |             |              |                                    | 8        |            |                |          |                    |              |               |                          |
| 9          | Insurance   |        |         |             |              |                                    | 9        |            |                |          |                    |              |               |                          |
| 10         | Legal and othe  |        |         |             |              |                                    | 10       |            |                |          |                    |              |               |                          |
| 11         | Management f  |        |         |             |              |                                    | 11       |            | 1,8            | 80.      |                    |              |               |                          |
| 12         | Mortgage inter  |        |         |             |              | ,                                  | 12       |            |                |          |                    |              |               |                          |
| 13         | Other interest  |        |         |             |              |                                    | 13       |            | 2 0            | 0.0      |                    |              |               |                          |
| 14<br>15   |   |        |         |             |              |                                    | 14<br>15 |            | 2,9            | 50.      |                    |              |               |                          |
| 15<br>16   |   |        |         |             |              |                                    | 16       |            | <i>∠,</i> /    | 50.      |                    |              |               |                          |
| 17         | Utilities   |        |         |             |              |                                    | 17       |            | 2.6            | 73.      |                    |              |               |                          |
| 18         | Depreciation e  |        |         |             |              |                                    | 18       |            |                |          |                    |              |               |                          |
| 19         | Other (list)  |        |         |             |              |                                    | 19       |            |                |          |                    |              |               |                          |
| 20         | Total expense   | s. Ac  | dd line | es 5 throu  | ugh 19 .     |                                    | 20       |            | 13,2           | 33.      |                    |              |               |                          |
| 21         | Subtract line 2   | 20 frc | om lin  | e 3 (rents  | and/or 4     | (royalties). If                    |          |            |                |          |                    |              |               |                          |
|            | result is a (loss   |        |         |             |              | -                                  |          |            | 10 0           |          |                    |              |               |                          |
|            | file Form 6198  |        |         |             |              |                                    | 21       |            | -12,6          | 23.      |                    |              |               |                          |
| 22         | Deductible ren<br>on Form 8582  |        |         |             |              |                                    | 22       | ( –        | 12,62          | 23.)     | (                  | )            | (             | )                        |
| 23a        | Total of all am   | ount   | s rep   | orted on    | line 3 for a | all rental prope                   | erties   |            |                | 23a      |                    | 610.         |               |                          |
| b          | Total of all am   |        | -       |             |              | • • • •                            |          |            |                | 23b      |                    |              |               |                          |
| С          | Total of all am   |        | -       |             |              |                                    |          |            |                | 23c      |                    |              |               |                          |
| d          | Total of all am   |        | -       |             |              |                                    |          |            |                | 23d      |                    |              |               |                          |
| е          | Total of all am   |        | -       |             |              |                                    |          |            |                | 23e      | 13                 | 3,233.       |               |                          |
| 24         | Income. Add   | -      |         |             |              |                                    |          | -          |                |          | • • • • •          | . 24         | / -           |                          |
| 25         | Losses. Add ro  | yaity  | 10556   | es irom in  | ie∠i and r   | ental real estat                   | e iosse  | es irom in | e 22. E        | mer to   | ital losses ner    | re <b>25</b> | <u>ا</u>      | L2,623.)                 |

**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

-12,623.

OMB No. 1545-0074