| <b>1040</b>                                | -        | IR Department of the Treasury-Intern<br>U.S. Nonresident Ali                           | nal Reven<br><b>en In</b> | nue Service<br>Come Tax R        | eturn    | 2023                                    | OMB No. 1     | 545-0074     |                 | Only—Do not wr<br>le in this space. |          |
|--|----------|--|---------------------------|----------------------------------|----------|---|---------------|--------------|-----------------|-------------------------------------|----------|
| For the year Jan                           | . 1–C    | Dec. 31, 2023, or other tax year beginn  | ing                       | ,                                | 2023, er | nding                                   | :             | 20           |                 | e separate<br>structions.           |          |
| Your first name                            |          |  |                           | ng number                        |          |   |               |              |                 |                                     |          |
| ANUSRI                                     |          |  | PODD                      | UTURI                            |          |   |               | 125          | -83-5           | 375                                 |          |
| Home address (                             | numl     | per and street). If you have a P.O. box  | , see ins                 | tructions.                       |          |   |               |              |                 | Apt. no.                            |          |
|  |          | PALM PASEO   |                           |                                  |          |   |               |              |                 | 1002                                |          |
| City, town, or po                          | ost of   | ffice. If you have a foreign address, als  | so comp                   | lete spaces below                | <i>.</i> |   | State         |              | ZIP co          | de                                  |          |
| ONTARIO                                    |          |  |                           |                                  |          |   | CA            |              | 9176            | 4                                   |          |
| Foreign country                            | nam      | e  | Foreigr                   | n province/state/c               | ounty    |   | Foreign       | postal co    | ode             |                                     |          |
| Filing<br>Status<br>Check only<br>one box. |          | Single   |                           |                                  |          | surviving spouse<br>n is a child but no |               | Esendent:    | state           | Trust                               |          |
| Digital Assets                             |          | ny time during 2023, did you: (a) receir<br>erwise dispose of a digital asset (or a fi |                           |                                  |          |   |               |              |                 |                                     | 2        |
| Dependents                                 |          |  |                           |                                  |          |   | <b>(4)</b> Cł | eck the bo   |                 | es for (see inst                    |          |
| (see instructions):                        |          | (1) First name Last name   |                           | (2) Dependent<br>identifying num |          | (3) Relationship to                     | vou Ch        | ild tax cree |                 | redit for other dependents          |          |
|  |          |  |                           |                                  |          | ()                                      |               |              |                 |                                     | _        |
| If more than four dependents, see          |          |  |                           |                                  |          |   |               |              |                 |                                     | _        |
| instructions and                           |          |  |                           |                                  |          |   |               |              |                 |                                     |          |
| check here                                 |          |  |                           |                                  |          |   |               |              |                 |                                     |          |
| Income                                     | 1a       | Total amount from Form(s) W-2, box   | •                         | ,                                |          |   |               |              |                 | 15,846.                             | •        |
| Effectively                                | b        | Household employee wages not rep   |                           |                                  |          |   |               |              | -               |                                     |          |
|  | c<br>d   | Tip income not reported on line 1a (s<br>Medicaid waiver payments not repor            |                           |                                  |          |   |               |              |                 |                                     | —        |
| With U.S.<br>Trade or                      | u<br>e   | Taxable dependent care benefits fro  |                           |                                  |          |   |               | . 16         |                 |                                     | —        |
| Business                                   | f        | Employer-provided adoption benefits  |                           |                                  |          |   |               |              |                 |                                     | _        |
| Duomooo                                    | g        | g Wages from Form 8919, line 6   |                           |                                  |          |   |               |              | 3               |                                     | _        |
| Attach<br>Form(s) W-2,                     | h        |  |                           |                                  |          |   |               |              | 1 I             |                                     | _        |
| 1042-S,                                    | i        | Reserved for future use  |                           |                                  |          | . <b>1i</b>                             |               |              |                 |                                     |          |
| SSA-1042-S,<br>RRB-1042-S,                 | j        | Reserved for future use  |                           |                                  |          | 1 1                                     |               | . <b>1</b> j | i               |                                     |          |
| and 8288-A                                 | k        | Total income exempt by a treaty from   |                           |                                  |          |   |               |              |                 |                                     |          |
| here. Also<br>attach                       | _        |  |                           |                                  |          |   |               |              |                 | 15 016                              |          |
| Form(s)                                    | z<br>2a  | Add lines 1a through 1h  | 1                         | · · · ·                          |          | ole interest                            |               |              |                 | 15,846.                             | <u>.</u> |
| 1099-R if<br>tax was                       | 2a<br>3a | Qualified dividends 3a   | -                         |                                  |          | ary dividends .                         |               |              |                 |                                     |          |
| withheld.                                  | 4a       | IRA distributions 4a   | -                         |                                  |          | ole amount                              |               |              |                 |                                     | —        |
| lf you did not                             | 5a       | Pensions and annuities 5a  |                           |                                  |          | ole amount                              |               |              | )               |                                     | _        |
| 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 (  |                           |                                  |          |   |               |              |                 |                                     |          |
|  | 9        | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8   |                           | -                                |          |   |               |              |                 | 15,846.                             | •        |
|  | 10       | Adjustments to income from Schedu  | • •                       |                                  |          |   |               | . 10         | )               |                                     |          |
|  | 11       | Subtract line 10 from line 9. This is y  |                           |                                  |          |   |               |              |                 | 15,846                              | •        |
|  | 12       | Itemized deductions (from Schedu deduction (see instructions)                          |                           |                                  |          |   |               |              | 2               | 13,850                              |          |
|  | 13a      | Qualified business income deduction  |                           |                                  |          | 1 1                                     |               |              |                 | ,                                   | —        |
|  | b        | Exemptions for estates and trusts or   |                           |                                  |          |   |               |              |                 |                                     |          |
|  | с        | Add lines 13a and 13b  |                           |                                  |          |   |               | . 13         | c               |                                     |          |
|  | 14       |  |                           |                                  |          |   |               |              | ·               | 13,850.                             | _        |
|  | 15       | Subtract line 14 from line 11. If zero   |                           |                                  |          |   |               | . 15         |                 | 1,996.                              |          |
| For Disclosure, I                          | Priva    | cy Act, and Paperwork Reduction Act  | Notice,                   | see separate inst                | uctions. |   |               |              | Form <b>1</b> ( | 040-NR (202                         | 23)      |

| Form 1040-NR (    | 2023)   |   |                   |                       |                      |                      |           |                | Page <b>2</b>             |
|-------------------|---------|---|-------------------|-----------------------|----------------------|----------------------|-----------|----------------|---------------------------|
| Tax and           | 16      | Tax (see instructions). Check if an         | y from Fo         | rm(s): <b>1</b> 🗌 88  | 314 <b>2</b> 497     | 2 <b>3</b>           |           | 16             | 199.                      |
| Credits           | 17      | Amount from Schedule 2 (Form                | •                 | .,                    |                      |                      |           | 17             | 0.                        |
|                   | 18      | Add lines 16 and 17                         |                   |                       |                      |                      |           |                | 199.                      |
|                   | 19      | Child tax credit or credit for othe         | r depende         | ents from Sched       | ule 8812 (Form 10    | 40)                  |           | 19             |                           |
|                   | 20      | Amount from Schedule 3 (Form <sup>-</sup>   | 1040), line       | 8                     | · · · · · · ·        | ,                    |           | 20             | 106.                      |
|                   | 21      | Add lines 19 and 20                         |                   |                       |                      |                      |           | -              | 106.                      |
|                   | 22      | Subtract line 21 from line 18. If z         |                   |                       |                      |                      |           |                | 93.                       |
|                   | 23a     | Tax on income not effectively cor           |                   |                       |                      | 1 1                  |           |                |                           |
|                   |         | Schedule NEC (Form 1040-NR), I              |                   |                       |                      | 23a                  |           |                |                           |
|                   | b       | Other taxes, including self-emplo           |                   |                       |                      |                      |           | -              |                           |
|                   |         | line 21                                     | -                 |                       |                      | 23b                  |           |                |                           |
|                   | с       | Transportation tax (see instruction         |                   |                       |                      | 23c                  |           | -              |                           |
|                   | d       | Add lines 23a through 23c                   | ,                 |                       |                      |                      |           | 23d            |                           |
|                   | 24      | Add lines 22 and 23d. This is you           |                   |                       |                      |                      |           |                | 93.                       |
| Dovmanta          | 25      | Federal income tax withheld from            |                   | <b>A</b> · · · · ·    |                      |                      |           |                |                           |
| Payments          |         |   |                   |                       |                      | 25a                  | 1 / 2 1   |                |                           |
|                   | a<br>L  | Form(s) W-2                                 |                   |                       |                      | 25a                  | 1,431     |                |                           |
|                   | b       | Form(s) 1099                                |                   |                       |                      | 250<br>25c           |           |                |                           |
|                   | C       | Other forms (see instructions) .            |                   |                       |                      |                      |           | 05-1           | 1 1 2 1                   |
|                   | d       | Add lines 25a through 25c                   |                   |                       |                      |                      |           |                | 1,431.                    |
|                   | e       | Form(s) 8805                                |                   |                       |                      |                      |           |                |                           |
|                   | f       | Form(s) 8288-A                              |                   |                       |                      |                      |           |                |                           |
|                   | g       | Form(s) 1042-S                              |                   |                       |                      |                      |           |                |                           |
|                   | 26      | 2023 estimated tax payments an              |                   | •••                   |                      |                      |           | 26             |                           |
|                   | 27      | Reserved for future use                     |                   |                       |                      | 27                   |           |                |                           |
|                   | 28      | Additional child tax credit from S          |                   |                       | ,                    | 28                   |           | _              |                           |
|                   | 29      | Credit for amount paid with Form            |                   |                       |                      | 29                   |           | _              |                           |
|                   | 30      | Reserved for future use                     |                   |                       |                      | 30                   |           |                |                           |
|                   | 31      | Amount from Schedule 3 (Form <sup>-</sup>   | ,.                |                       |                      | 31                   |           | _              |                           |
|                   | 32      | Add lines 28, 29, and 31. These a           |                   |                       |                      |                      |           |                |                           |
|                   | 33      | Add lines 25d, 25e, 25f, 25g, 26,           |                   |                       |                      |                      |           |                | 1,431.                    |
| Refund            | 34      | If line 33 is more than line 24, sul        |                   |                       |                      | -                    |           |                | 1,338.                    |
|                   | 35a     | Amount of line 34 you want refu             |                   |                       |                      |                      | . L       | 35a            | 1,338.                    |
| Direct deposit?   | b       | Routing number 0 4 4 0                      |                   |                       | c Type: 🛛            | Checking             | Saving    | s              |                           |
| See instructions. | d       | Account number 7 7 3 5                      | 98                | 1 9 5                 |                      |                      |           |                |                           |
|                   | е       | If you want your refund check m             | ailed to a        | n address outsid      | le the United State  | es not shown on      | page 1    | l,             |                           |
|                   |         | enter it here.                              |                   |                       |                      |                      |           |                |                           |
|                   | 36      | Amount of line 34 you want appl             |                   |                       |                      | 36                   |           |                |                           |
| Amount            | 37      | Subtract line 33 from line 24. Thi          | s is the <b>a</b> | mount you owe.        |                      |                      |           |                |                           |
| You Owe           |         | For details on how to pay, go to            | www.irs.g         | <i>ov/Payments</i> or | see instructions .   |                      |           | 37             |                           |
|                   | 38      | Estimated tax penalty (see instru           | ctions)           |                       |                      | 38                   |           |                |                           |
| Third             | Do yo   | u want to allow another person to           | discuss t         | his return with th    | ne IRS? See instru   | ctions. 🗌 Y          | es. Con   | nplete be      | low. 🛛 No                 |
| Party             | Desig   | nee's                                       |                   | Phone                 |                      | Perso                | nal ider  | ntification    |                           |
| Designee          | name    |   |                   | 20                    |                      |                      | er (PIN)  |                |                           |
|                   | Under   | penalties of perjury, I declare that I have | e examine         | d this return and ad  | ccompanying schedu   | ules and statement   | s, and to | the best c     | of my knowledge and       |
| <b></b>           | belief, | they are true, correct, and complete. D     | eclaration        | of preparer (other t  | han taxpayer) is bas | ed on all informatio | n of whi  | ch prepare     | r has any knowledge.      |
| Sign              | Yours   | signature                                   |                   | Date                  | Your occupation      |                      |           |                | ent you an Identity       |
| Here              |         |   |                   |                       |                      |                      |           |                | PIN, enter it here        |
|                   |         |   |                   |                       | STUDENT              |                      | (s        | ee inst.)      |                           |
|                   | Phone   |   |                   | Email address         |                      |                      |           |                |                           |
| Paid              | Prepa   | rer's name                                  | Preparer          | 's signature          |                      | Date                 | PTIN      |                | Check if:                 |
| Preparer          | SYAM    | PRIYA RAM SAGAR GUPTA TALLAM                | SYAM PF           | RIYA RAM SAGAF        | R GUPTA TALLAM       | 02/09/2024           | P020      | 82703          | Self-employed             |
| Use Only          | Firm's  | name GLOBAL TAXES 1                         | LLC               |                       |                      |                      | Phone     | <b>∍no.</b> (6 | 78)965-9522               |
|                   | Firm's  | address 245 ROONEY C                        | <u>t e b</u> i    | RUNSWICK N            | J 08816              |                      | Firm's    | EIN 8          | 4-3171965                 |
| Go to www.irs.g   | gov/For | m1040NR for instructions and the la         | test inform       | nation.               | BAA                  | REV 02/05/24 PR      | 0         | F              | orm <b>1040-NR</b> (2023) |
|                   | -       |   |                   |                       | BAA                  |                      |           |                | ()                        |

Department of the Treasury

# **Additional Credits and Payments**

OMB No. 1545-0074 2

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

|     | nent of the Treasury<br>Revenue Service | Go to www.irs.gov/Form1040 for instructions and the latest information |         | A      | Attachment<br>Sequence No. <b>03</b> |
|-----|---|--|---------|--------|--------------------------------------|
|     | .,                                      | orm 1040, 1040-SR, or 1040-NR  |         |        | ecurity number                       |
| Par | TI Nonre                                | fundable Credits   | 125-8   | 33-5   | 375                                  |
| 1   | Foreign tax                             | credit. Attach Form 1116 if required                                   |         | 1      |                                      |
| 2   | Credit for c<br>Form 2441               | child and dependent care expenses from Form 2441, line 11.             |         | 2      |                                      |
| 3   | Education c                             | redits from Form 8863, line 19   |         | 3      |                                      |
| 4   | Retirement                              | savings contributions credit. Attach Form 8880                         |         | 4      | 106.                                 |
| 5a  | Residential                             | clean energy credit from Form 5695, line 15                            |         | 5a     |                                      |
| b   | Energy effic                            | ient home improvement credit from Form 5695, line 32                   |         | 5b     |                                      |
| 6   | Other nonre                             | fundable credits:  |         |        |                                      |
| а   | General bus                             | siness credit. Attach Form 3800 6a                                     |         |        |                                      |
| b   | Credit for p                            | rior year minimum tax. Attach Form 8801 6b                             |         |        |                                      |
| С   | Adoption cr                             | edit. Attach Form 8839 6c  |         |        |                                      |
| d   | Credit for th                           | e elderly or disabled. Attach Schedule R 6d                            |         |        |                                      |
| е   | Reserved for                            | or future use  |         |        |                                      |
| f   | Clean vehic                             | le credit. Attach Form 8936 6f   |         |        |                                      |
| g   | Mortgage in                             | iterest credit. Attach Form 8396 6g                                    |         |        |                                      |
| h   | District of Co                          | olumbia first-time homebuyer credit. Attach Form 8859 6h               |         |        |                                      |
| i   | Qualified ele                           | ectric vehicle credit. Attach Form 8834 6i                             |         |        |                                      |
| j   | Alternative f                           | uel vehicle refueling property credit. Attach Form 8911 6j             |         |        |                                      |
| k   | Credit to ho                            | Iders of tax credit bonds. Attach Form 8912 6k                         |         |        |                                      |
| Т   | Amount on                               | Form 8978, line 14. See instructions 6                                 |         |        |                                      |
| m   | Credit for p                            | reviously owned clean vehicles. Attach Form 8936. 6m                   |         |        |                                      |
| z   | Other nonre                             | fundable credits. List type and amount:                                |         |        |                                      |
|     |   | 6z   |         |        |                                      |
| 7   | Total other                             | nonrefundable credits. Add lines 6a through 6z                         |         | 7      |                                      |
| 8   |   | through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-           | -SR, or |        |                                      |
|     | 1040-NR, lir                            | ne 20  | •••     | 8      | 106.                                 |
|     |   |  | (CC     | ontinu | ued on page 2)                       |

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

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

| Par | t II Other Payments and Refundable Credits                                    |                   |        |                        |
|-----|---|-------------------|--------|------------------------|
| 9   | Net premium tax credit. Attach Form 8962                                      |                   | 9      |                        |
| 10  | Amount paid with request for extension to file (see instructions) .           |                   | 10     |                        |
| 11  | Excess social security and tier 1 RRTA tax withheld                           |                   | 11     |                        |
| 12  | Credit for federal tax on fuels. Attach Form 4136                             |                   | 12     |                        |
| 13  | Other payments or refundable credits:   |                   |        |                        |
| а   | Form 2439   | 13a               |        |                        |
| b   | Credit for repayment of amounts included in income from earlier years         | 13b               |        |                        |
| С   | Elective payment election amount from Form 3800, Part III, line 6, column (i) | 13c               |        |                        |
| d   | Deferred amount of net 965 tax liability (see instructions)                   | 13d               |        |                        |
| z   | Other payments or refundable credits. List type and amount:                   |                   |        |                        |
|     |   | 13z               |        |                        |
| 14  | Total other payments or refundable credits. Add lines 13a through             | 13z               | 14     |                        |
| 15  | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31      | )-SR, or 1040-NR, | 15     |                        |
|     | BAA REV   | 02/05/24 PRO      | Schedu | ule 3 (Form 1040) 2023 |

| SCHEDULE NEC   |
|----------------|
| (Form 1040-NR) |

Department of the Treasury

## 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.

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

Your identifying number

ANUSRI PODDUTURI

125-83-5375

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) 13%             | (C) 30%                        | %  | %  |
| 1                              | Dividends and dividend equivalents:  |              |                                    |                     |                                |  |  |
| а                              | Dividends paid by U.S. corporations  | 1a           |                                    |                     |                                |  |  |
| b                              | Dividends paid by foreign corporations   | 1b           |                                    |                     |                                |  |  |
| с                              | Dividend equivalent payments received with respect to section 871(m) transactions  | 3 <b>1</b> c |                                    |                     |                                |  |  |
| 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  |              |                                    |                     |                                |  |  |
| 10                             | Gambling—Residents of Canada only. Enter net income in column (c). If zero or less, enter -0   |              |                                    |                     |                                |  |  |
| а                              | Winnings   |              |                                    |                     |                                |  |  |
| b                              | Losses   | 100          |                                    |                     |                                |  |  |
| 11                             | Gambling—Residents of countries other than Canada. Note: Enter winnings only. Losses aren't allowed  | 11           |                                    |                     |                                |  |  |
| 12                             | Other (specify):   | _            |                                    |                     |                                |  |  |
|                                |  | 40           |                                    |                     |                                |  |  |
| 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  |              |                                    |                     |                                |  |  |
| 15                             | Tax on income not effectively connected with a U.S. trade or business. Add colu  |              |                                    |                     |                                | NR, line 23a <b>15</b>   |  |
|                                | Capital Gains and Losses   | Fron         | n Sales or Excha                   | nges of Proper      | ty                             |  | 1  |
| losses f<br>exchan<br>within t | Inly the capital gains and<br>from 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 are<br>mm/dd/ |              | <b>(c)</b> Date sold<br>mm/dd/yyyy | (d) Sales price     | <b>(e)</b> 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). |
|                                | ely connected with a U.S.<br>s. Do not include a gain  |              |                                    |                     |                                |  |  |
| or loss                        | on disposing of a U.S. real y interest; report these   |              |                                    |                     |                                |  |  |
| gains a                        | nd losses on Schedule D  |              |                                    |                     |                                |  |  |
| (Form 1<br>Denort              |  |              |                                    |                     |                                |  |  |
| exchan                         | property sales or ges that are effectively   |              |                                    |                     |                                |  |  |
|                                |  |              |                                    |                     |                                |  |  |
|                                | <b>18 Capital gain.</b> Combine columns (f) and (g) of line  | 17. En       | ter the net gain here              | e and on line 9 abo | ove. If a loss, enter          | r-0 <b>18</b>  |  |

#### SCHEDULE OI (Form 1040-NR)

### **Other Information**

Attach to Form 1040-NR.

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

OMB No. 1545-0074 2 3

|         | ent of the Treasury Go t<br>Revenue Service                          | to www.irs.gov/Form1040N<br>Ans | <i>R</i> for instructions and wer all questions. |  | Attachment<br>Sequence No. 7C |                                   |            |  |
|---------|--|---------------------------------|--|--|-------------------------------|-----------------------------------|------------|--|
| Name sh | nown on Form 1040-NR   |                                 |  |  | Your identify                 | ing number                        |            |  |
| ANUS    | RI PODDUTURI   |                                 |  |  | 125-83-                       |                                   |            |  |
| 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  |                               | <u></u>                           |            |  |
| С       | Have you ever applied to be a  | green card holder (lawful p     | permanent resident) of                           | the United States? .   |                               | . Yes                             | 🛛 No       |  |
| D       | Were you ever:   |                                 |  |  |                               | . 🗌 Yes                           | 🗙 No       |  |
|         |  | U.S. citizen?                   |  |  |                               |                                   |            |  |
| 2.      |  | -                               |  |  |                               | . 🗌 Yes                           | 🔀 No       |  |
| F       | If you answer "Yes" to (1) or (2)<br>If you had a visa on the last   | tor your LLC                    | <b>`</b>   |  |                               |                                   |            |  |
| E       | immigration status on the last                                       | •                               |  |  |                               |                                   |            |  |
| F       | Have you ever changed your v   |                                 | utus) or LLS immigratic                          | n status?  |                               | . 🗌 Yes                           | 🔀 No       |  |
| Г       | If you answered "Yes," indicat                                       | te the date and nature of th    | e change:  | JII Status !   |                               |                                   |            |  |
| G       | List all dates you entered and                                       | left the United States durin    | a 2023. See instructio                           | ns   |                               |                                   |            |  |
| •       | <b>Note:</b> If you're a resident of C                               |                                 | -  |  | ent interval                  | S.                                |            |  |
|         | check the box for Canada or  |                                 |  |  | Mexic                         |                                   |            |  |
|         | Date entered United States   | Date departed United Stat       | tes Da   | te entered United State  | s Date d                      | eparted Unite                     | d States   |  |
|         | mm/dd/yy   | mm/dd/yy                        |  | mm/dd/yy   |                               | mm/dd/yy                          |            |  |
|         |  |                                 |  |  |                               |                                   |            |  |
|         |  |                                 |  |  |                               |                                   |            |  |
|         |  |                                 |  |  |                               |                                   |            |  |
|         |  |                                 |  |  |                               |                                   |            |  |
| Н       | Give number of days (including                                       |                                 |  |  |                               | g:                                |            |  |
|         | 2021   | , 2022, vertice vector          | , and 202  | 23 365   | · · ·                         | . 🛛 Yes                           | No         |  |
| I       | Did you file a U.S. income tax<br>If "Yes," give the latest year an  |                                 |  |  |                               |                                   |            |  |
| J       | Are you filing a return for a true                                   | et?                             | 104  | IUNK   |                               | . Ves                             | 🔀 No       |  |
| J       | If "Yes," did the trust have a                                       |                                 |  |  |                               |                                   |            |  |
|         | U.S. person, or receive a cont                                       |                                 |  |  |                               |                                   | No         |  |
| к       | Did you receive total compens  |                                 |  |  |                               | _                                 | No         |  |
|         | If "Yes," did you use an altern                                      |                                 | • •  |  |                               |                                   | 🗌 No       |  |
| L       | Income Exempt From Tax-I   |                                 |  |  | tax treaty w                  | ith a foreign                     | country,   |  |
|         | complete (1) through (3) below                                       |                                 |  |  |                               |                                   |            |  |
| 1.      | Enter the name of the country,                                       |                                 |  |  | claimed the                   | treaty benefi                     | t, and the |  |
|         | amount of exempt income in th  |                                 |  |  | ( )                           |                                   |            |  |
|         | <b>(a)</b> Cou   | intry                           | (b) Tax treaty article                           | (c) Number of month<br>claimed in prior tax ye   |                               | Amount of exe<br>ne in current ta |            |  |
|         |  |                                 |  |  |                               |                                   |            |  |
|         |  |                                 |  |  |                               |                                   |            |  |
|         |  |                                 |  |  |                               |                                   |            |  |
|         |  |                                 |  |  |                               |                                   |            |  |
|         |  |                                 |  |  |                               |                                   |            |  |
|         |  |                                 |  |  |                               |                                   |            |  |
|         | (e) Total. Enter this amount o                                       |                                 |  |  |                               |                                   |            |  |
|         | Were you subject to tax in a for                                     |                                 |  |  |                               |                                   | 🗌 No       |  |
| 3.      | Are you claiming treaty benefit                                      |                                 |  |  |                               | . 🗌 Yes                           | 🗙 No       |  |
|         | If "Yes," attach a copy of the C                                     | Competent Authority deterr      | mination letter to your                          | return.  |                               |                                   |            |  |
| м       | Check the applicable box if:   |                                 |  | which a particular the state of | d Chat                        | offe att h                        |            |  |
| 1.      | This is the first year you are m<br>with a U.S. trade or business of |                                 |  |  |                               |                                   |            |  |
|         |  |                                 |  |  |                               | • • • •                           | · · 🖂      |  |

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 **8880** 

Department of the Treasury

Internal Revenue Service

## **Credit for Qualified Retirement Savings Contributions**

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

Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074

(b) Your spouse

211.

Your social security number

125-83-5375

(a) You

211.

211.

211.

211.

15,846.

REV 02/05/24 PRO

7

1

2

3

4

5

6

8

Name(s) shown on return ANUSRI PODDUTURI

### You cannot take this credit if either of the following applies.

10 11 12 • The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).

• The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. Do not include rollover contributions . . . .
   Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee
- contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions)3Add lines 1 and 2
- 4 Certain distributions received **after** 2020 and **before** the due date (including extensions) of your 2023 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception . . .
- 5 Subtract line 4 from line 3. If zero or less, enter -0- . . . . . . . . . . . .
- 6 In each column, enter the smaller of line 5 or \$2,000 . . . .
- 7 Add the amounts on line 6. If zero, stop; you can't take this credit .
- 8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11\* .
- 9 Enter the applicable decimal amount from the table below.

| If line        | 8 is—             | l A                                   | And your filing stat            | us is—  |      |         |     |
|----------------|-------------------|---------------------------------------|---------------------------------|---|------|---------|-----|
| Over-          | But not<br>over—  | Married<br>filing jointly<br>Enter or | Head of<br>household<br>line 9– | Single, Married filing<br>separately, or<br>Qualifying surviving spouse |      |         |     |
|                | \$21,750          | 0.5                                   | 0.5                             | 0.5   |      |         |     |
| \$21,750       | \$23,750          | 0.5                                   | 0.5                             | 0.2   |      |         |     |
| \$23,750       | \$32,625          | 0.5                                   | 0.5                             | 0.1   | 9    | х       | .5  |
| \$32,625       | \$35,625          | 0.5                                   | 0.2                             | 0.1   |      | <u></u> |     |
| \$35,625       | \$36,500          | 0.5                                   | 0.1                             | 0.1   |      |         |     |
| \$36,500       | \$43,500          | 0.5                                   | 0.1                             | 0.0   |      |         |     |
| \$43,500       | \$47,500          | 0.2                                   | 0.1                             | 0.0   |      |         |     |
| \$47,500       | \$54,750          | 0.1                                   | 0.1                             | 0.0   |      |         |     |
| \$54,750       | \$73,000          | 0.1                                   | 0.0                             | 0.0   |      |         |     |
| \$73,000       |                   | 0.0                                   | 0.0                             | 0.0   |      |         |     |
|                | Note:             | f line 9 is zero, <b>stop</b> ;       | you can't take this o           | credit.   |      |         |     |
| ultiply line 7 | by line 9 .       |                                       |                                 |   | . 10 |         | 100 |
| nitation bas   | ed on tax liabili | ity. Enter the amount                 | from the Credit Lim             | it Worksheet in the instructions  | 11   |         | 199 |
| -              |                   | -                                     |                                 | maller of line 10 or line 11 her  |      |         |     |
| d on Sched     | ule 3 (Form 104   | 40), line 4                           |                                 |   | 12   |         | 100 |

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

Form **8880** (2023)